VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07877

	1. PLACE OF DEATH o. COUNTY	Ceoil	MARYLAND			Manth July 9. AGE (In years let UNDER 1 lost birthdoy) 53 yrs. Ball W) Nottingham CCONDITION GIVEN IN PART If I of item 1B.) ar tawn) CCONDITION GIVEN IN PART July 16, 1966 the causes and an the STAFF PHYS. July Point, Maryla	on: Residence bef	./	
	Perry P						URAL ond give n	earest town)	
0	d. NAME OF HOSPIT OR INSTITUTION Veterans	Administratio		d. STREET ADDRESS 3 Forge Road				e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	FRANK	ARTHUR	ADAMSON Lost	4. DATE OF DEATH		16	Pay Yeor 19 60	
	5. SEX Male	Title d. d. b.		B. DATE OF BIRTH December 8,		b. COUNTY Chest prote limits, write RURAL ond g pham Manth July 9. AGE (In years lost birthdoy) 53 yrs. Pountry) 12. CITI2 US Ball W) Nottingham SE CONDITION GIVEN IN PART ort II of item 18.) y ar tawn) (C) July 16, 1966 the causes and an the phys. STAFF PHYS. July Point, Maryla ATION (City, town, or county) Myer, Virgin		Hours Min.	
	Pump Ope:	rator M		Maryla 14. MOTHER'S MAIDEN	name Name		USA	OF WHAT COUNTRY?	
	15. WAS DECEASED EVE	(If yet give war or dates of service)	73	NFORMANT	ALTERNATION OF	3 F6#			
State of the state	Conditions, if o gave rise to i couse (o), stoting lying cause lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Iny, which (b) mmediate the under- (c) AT	rocardial Înfa rterioscleroti rteriosolerosi	c Heart Disc	zed	CONDITION GIV	Qr 4	Unk. Unk.	
	S (IF EITHER, NOTIFY	AS UNDERLYING 20b. DES	MARYLAND C. STATE Penna. b. COUNTY Chest.	(Caunty					
		at (y) (this haspital) attended alive an July	C. LENGTH OF STAY IN 1b c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporote limits, write RURAL and get address) D. Hospital ARTHUR ADAMSON ARTHUR ADAMSON B. DATE OF BIRTH DIVORCED December 8, 1906 DIVORCED TO INTERNATION TO INTERNAT	July 1	te stated abave. 22b. DATE 6, 1960				
	230. BURIAL, CREMATIC REMOVAL (Specify) REMOVAL (Specify) 24. FUNERAL DIRECTOR	7/20/1960	Arlington Na	ational 250. REC	Ft.	Myer, T	Virgini: STRAR'S SIGNAT		

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		Harry Pharac	noted in the state of	Service I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7915 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07878

Reg. Dist. No.

1. PLACE OF DEATH	Cootl		MARY	MAND				V 37 ~		. /
b. CITY OR TOWN		RURAL					porate limits, write			
and give nearest to	own)		1 Day					46	X-	3
			tal, give street addres	is)			THE PETRO	b. COUNTY N. Castl the limits, write RURAL and give nearest A C YES Month Day 13, AGE (in years leaf birthday) 19 yrs. Months Days Hou Months Days Hou L.S.A Wyatt Address Wilm, Del. INTERVAL BI ONSET AND ONDITION GIVEN IN PART 1(a) 19. W. PE YES [item 18.) River, Md Interval Bi ONSET AND ONDITION GIVEN IN PART 1(b) 19. W. PE YES [Item 18.)	e. 15	RESIDENCE
					319	Allen	Drive			NA FARMA
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	h I		Year
(Type or print)	OUNTY Cecil MARYLAND C. STATE Delaware: b. COUNTY N. Comparison of the compariso	3,	1960							
5. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIE	D 🔯 B.	DATE OF BIRTH		9. AGE (In years last birthday)			DEP 24 HRS.
Male	D. CITY OR TOWN II or unite corporate limits, write RUPAL and give not off property of the company in the compa	ys Hours	Min.							
b. COUNTY Cecil b. CITY OR TOWN (If emistic expresse limits, write RURAL or LENGTH OF STAY IN 10 c. CITY OR TOWN (If emistic expresse limits, write RURAL and give necessal for give above from the property of give above fr	T COUNTRY									
	S.A.									
D. COUNTY CCCIL B. CITY OR TOWN (If outside corporate limits, write RURAL and give necreal town) RUTAL POTT HETMAN I DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addressed per print) NAME OF FIRST Middle DECEASED (Type or print) SEX 6. COLOR OR RACE Male Col. WIDOWED DIVORCE Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT STUDENT STATHER'S NAME JOSEPH FRAZIER AMADO OS. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT STUDENT STATHER'S NAME JOSEPH AMADO SCHOOL STUDENT SCHOOL 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (g) DUE TO Conditions, if any, which gave rise to immediate cause (g), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD CAUSE OF DEATH. P. m. 19 alwork and work and wo	1.00	14. MOTHER'S MAIDE	N NAME							
Jo	oseph Amado				S	vdella	Wyatt			
15. WAS DECEASED	EVER IN U. S. ARMED FORCE	CES? 16. S	OCIAL SECURITY NO.	17. IN						
	(it yes, give war or dates of se	(A)CB]		Mr	. Olivet	t Davi	s Wilm	, Del		
	EATH Enter only one cause	per line fo	or (a), (b), and (c).						INTERVAL BET	WEEN
PART I. DI	EATH WAS CAUSED BY		Drown	ng					ONSEI AND D	MAIH
250			210W111	-115						
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PARI II.	THER SIGNIFICANT CONDI	IIIONS CON	AIRIGOTINO TO DEAT	11 001 14	OI KEDATED TO THE TE	KWIIAUT DISTUS	SE CONDITION OF	TEIR HATTAKT I	PERF	ORMED?
5	lan lan	2000000		10.00					YES [NO 4
PRIMARY C	ONTRIBUTING	77 7					of item 18.)			
							Ik River			
20c. TIME OF IN			700				y or town)	(County	1)	(State)
p. 1					KIVER			(00	1/	MI
21. I certify	that I taak charge	of the re	emains describe	d aba	ve, held an Auto	ipsy [], I	nspectian 🔼	, Inquiry	A, and	I find tha
death result	ed from: Natural c	auses 🗌	, Accident	Suid	ide 🔲, Hamic	ide 🔲. U	ndetermined	cause .		
	100018) -	011	0				- 35		
ACTUAL	run	10	MAD	11	M.D. CHIEF MEDICA	L EXAMINER			DATE	SIGNED
JIGHTATURE_				-	ASSISTANT ME	DICAL EXAMINI	ER 🗍			
	R. C. Dods	son.			DEPUTY MEDIC	CAL EXAMINER	K 7	7-15-6	0	
22a. BURIAL, CREMA	TION, 226. DATE THEREOF	2	2c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(St	ate)
Removal (Spr	7/15/196	0	Mt. Oli	ve		Wil	lm. Del.			
23. FUNERAL DIRECT	OR'S SIGNATURE	^	ADDRESS			REC'D BY REGIS		ISTRAR'S SIGN	ATURE	
PIPPIN :	FUNERAL HOM	IE Do	ald the Dec	Elk	ton, Mil	1111 1 8 1	60 (1	rthug S. F.	Catho	

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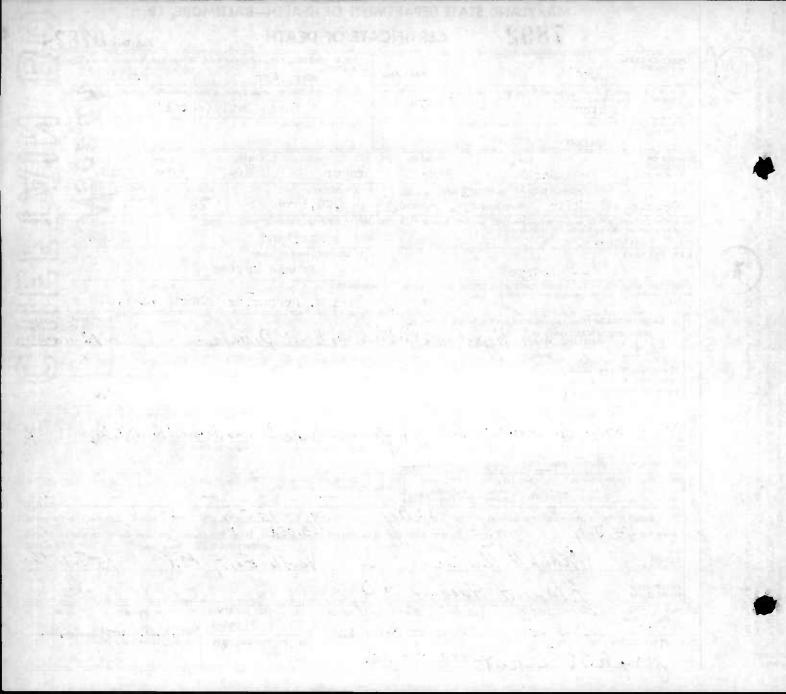
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7892

CERTIFICATE OF DEATH

Reg. Dist. N. 7879

PLACE OF DEATH O. COUNTY	Cecil		MARYLAN	a. STATE	Marylar		lived. If instituti b. COUNTY			admission	n)
RURAL and give i	(If outside corporate limi learest town) Lkton	ts, write	5 days	b c. CITY OR			te limits, write R (rural)		ive neare	est town)	
d. name of hosp or institution	TAL (If not in hospital, guildens Union	give street	address)	d. STREET	ADDRESS				- 13	IS RESIDI	ARM?
3. NAME OF DECEASED (Type or print)	Fin Sara		Middle Jane	Armour	ost	4. DATE OF DEATH			Doy 15	Yes	60
5. sex Female	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED [ED DIVORCED [7 1 20		9	. AGE (In years lost birthday) 66 yrs.	-	_	Haurs	24 HR: Min.
10a. USUAL OCCUPATI during most of wo HOUSE	king life, even if retired	done 10b.	KIND OF BUSINESS OR IN		aryland		ntry)	12.CITIZ	USA		UNTRY
13. FATHER'S NAME					S MAIDEN NA		97	Month Do July 15 (In years birthday) Months Days Month Days Months Days Month			
15 WAS DECEASED EV	LeSa ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	INFORMANT	Nannie	Rutte					
	(If yes, give wor or dates of s		None		. Armor	ur, Sr			Md.		
Diabetes He	the under. DUE TO HER SIGNIFICANT CON Mitus Chr. jute	DITIONS	Inophritis: chi.	alaucoma:	Pictus h	craiss	duodenale	1. 1.	1	WAS AU PERFORA YES 1	MED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIFE HOW INJURY OCCU	RRED. (Enter notwie	of injury in Po	ort I or Part I	I of item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Ye	While		PLACE OF INJURY foctory, street, offi			or town)	(C	ounty)		(Stot
21. I certify that I attended the deceased from 22 May , 1959, to 15 July , 19 alive an 14 July , 1960, and that death accurred at 3.05 MM, from the couse ADDRESS (Street, city or ACTUAL SIGNATURE M.D. North East M.D. North East M.D. PHYSICIAN'S						ne couses an	d on the	date s	the decistored of DATE:	obov	
220. 8URIAL, CREMATION REMOVAL (Specify Burial	ON, 22b. DATE THEREO		22c. NAME OF CEMETER Ebenezer Me			22d. LOCATIO		,,	ori 1.	(Stote)	(D)
23. FUNE AL DIRECTO			ADDRESS North East		24a. REC'D	BA LEGIAL		STRAR'S SIG		Go . M	11)



TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct page ould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be reported principles of the permit of the reporter prior to burial, cremation, ar remaval, and in any event within 72 flours ofter death.

VS A1S (4) 1SM 9/5S

1	1 20	M	ARYLAND S	STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
X	Ha	7	893	CERTIFICATE OF DEATH	R
6)	ō Æ	1 MACE OF BEATH		Lo nellas acelecides and de la la de la dela de	

EATH	Reg. Dist. No. 1788()
DENCE (Where deceased lived.	If institution: Residence before admission)

a. COUNTY	Ceci1		MARYLAND	o. STATE	Marylan		lived. If instituti b. COUNTY			sion)
b. CITY OR TOWN RURAL and give t	(If outside carporate lim learest town) ELKTON	its, write c.	LENGTH OF STAY IN 16	c. CITY C		ch East	ate limits, write R	URAL and give	nearest tow	n)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, of Union Hos		ress)	d. STREE	T ADDRESS					SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fi Will		Middle Clyde	Armot	lost IT	4. DATE OF DEATH	Mon July	ith 2		Yeor 1960
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	MEVER MARRIED	B. DATE OF BI			9. AGE (In years lost birthday) 43 yrs.	IF UNDER 1 Y Manths Da	-	ER 24 HRS. Min.
during most of wo	ON (Give kind of work rking life, even if retired ad Engineer)	nd of Business or inc nn. Railroad		PLACE (Store			12. CITIZE	N OF WHAT	COUNTRY?
13. FATHER'S NAME	Earl N. Am	nour		14. MOTHE	Sarah	Jane	LeSage			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or doles of s	ervice)		INFORMANT Mrs. Will	iam C.	Armour	,North E		ryland	•
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Uremia									INTERVAL BE	TWEEN DEATH
Canditions, if any, which gave rise to immediate (b) Chronic GlomeruloNephritis:									years	
couse (a), stating the under lying couse last. DUE TO Hypertensive Cardio-vascular Disease									years	
PART II. OT	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH B	JT NOT RELATED	TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1	PERFC	AUTOPSY ORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Doy, Ye	While _		PLACE OF INJUR factory, street, of			or tawn)	(Cou	nty)	(State)
21. I certify to alive on JU	hat I attended the	19 60			at. 8 _ 281	MM, fram ADDRESS (Str	29., 19.60 the causes of eet, city or town, North	and an the state)	date state	deceased ed abave. ATE SIGNED 7-30-
			M.D.							
PHYSICIAN'S NAME (Type)	Luis M. C									
PHYSICIAN'S NAME (Type)	ON, 226. DATE THEREC		2c. NAME OF CEMETERY Ebenezer Me				ion (City, town, ong Sun,		(Stot	•) yland

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by the funeral directar, d 2 should be filed with may be retained by the haspital ar attending physician.

TO FUN.

DIRECTOR: After this certificate has been signed by the attending physician and campletely filling page.

Sold be detached far use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar ta burial, cremation, ar remayal, and in any event within 2, hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

L	7916		CERTIFI	CATE	OF DEA	TH					J.
1	PLACE OF DEATH a. COUNTY Cecil		MARYLA	AND 2.	Mary lar	CE (Where deceded	sed lived. If institution b. COUNTY	ian: Reside	ence befo	ore admiss	ion)
1	b. CITY OR TOWN (If autside carporate pural and give record town) Perryville, Ru	e limits, write	c. LENGTH OF STAY IN	1 1Ь	-	N (If outside car	porate limits, write Rural	RURAL and	give ne	arest tawr	٦)
	d. NAME OF HOSPITAL (If not in hosping or Institution Aikir		address)		d. STREET ADDR	ess kin Rd.					FARM?
3.	NAME OF DECEASED (Type or print) Ada	First	Virginia Middle	Bur	roughs	4. DATE OF DEAT		nth	1		Year 19 60
5.	Female 6. COLOR OR R		NEVER MARRIED DIVORCED	_	ec.12,	1880	9. AGE (In years last birthday) 79. yrs.	Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
10	a. USUAL OCCUPATION (Give kind of volume and during most of working life, wen if re	wark dane 10b. etired)	own Home	INDUSTRY	Mary]				USA	FWHATC	OUNTRY
13	. FATHER'S NAME			1-	4. MOTHER'S MAI	IDEN NAME					
L	Silas Love Katherine Owe				ens						
	. WAS DECEASED EVER IN U. S. ARMED es, no. or unknown (If yes, give war or dal		SOCIAL SECURITY NO.	17. INFOR		Burrou	shs,Per		lle	.Md.	3
2	Canditians, if any, which)	BY: ISE (a) (b) (c)	Irterio .	80	less	is			ON	ERVAL BE	in a
TIFICATION	20g. ACCIDENT WAS UNDERLYING D	20b. DESC	CRIBE HOW INJURY OCC	er	2000	~		CIN IIN FA	Ki i(a)	PERFO YES	RMED
MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Day, Hour a.m., p. m.	ATH IER)	NJURY OCCURRED 20	De. PLACE	OF INJURY (Hame, street, office bld	e, farm, 20f. (C	ity ar town)		(Caunty)		(State)
	21. I certify that (I) (this hosp saw the deceased alive an 220. SIGNATURY ALLOWS 22c. PHYSICIAN'S NAME (Type) Claren	Jaley 1	. 9	M.D.	ATTENDING PHYS.	MED. Deposi	of the causes and staff PHYS.			stated	we) lost l above. b. DATE SIGNED
	BUNIAL, CREMATION, 235. DATE THE		Cherry H:				ATION (City, town, kton, Md.		Rure	(State	e)
24	CHO Calleron	Yolos	ADDRESS Perry	vill		REC'D BY REG	STRAR 25b. REGI		- / -		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

117882

	7892		CERTIF	FICA	TE OF D	EATH			Reg. D	Dist. No.		0,0
1. PLACE OF DEATH o. COUNTY C	cil		MARYL	AND	a. STATE _	ryla:	THE RESERVE	d lived. If instituti b. COUNTY			re odmis	ision)
b. CITY OR TOWN (I RURAL and give no Elkton		ls, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elk Mills							
OR INSTITUTION	AL (If not in hospital, g ven Nursi				d. STREET AC	DDRESS					ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ARNOLD)	Middle C •		COOKE		4. DATE OF DEATH	July	nth	Do	Y	Year 19 60
s. sex Mal e	White	WIDOWI	Hadi .		Aug. 31	, 18		9. AGE (In years lost birthdoy) 6.7 yrs.	Months		Hours	Min.
Retired	ON (Give kind of work of king life, even if relired) (Weaver)		kind of Business OR extiles	R INDUST	RY 11. BIRTHPLA Mary		or foreign co	ountry)		. S		f COUNT
	A. Cooke						AME Wils	on				
5. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give wor or dates of s	(anima	social security no. $47 - 03 - 8140$		rormant rsing h	ome	recor	Add	ress			
Conditions, if a gave rise to i cause (a), stating lying couse lost.	Ihe under-		Arteriosc:									nown
ZOG. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OC						VEN IN PA	KI 1(0) 1	PERF	ORMED?
20c. TIME OF INJUR Hour a. js. p. m.		While	NJURY OCCURRED 2 Not while k of work	20e. PLAI facto	CE OF INJURY (Hory, street, office	lome, farm, bldg., etc.	20f. (City	or town)		(County)		(State
21. I certify the alive an January Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	712 md	ed fram. Oct.	death	accurred at_	9:05 233	M, fram ADDRESS (St	n the causes of reet, city or town,	and on state)	the da	te stat	ATE SIGN
22a. BURIAL, CREMATIC REMOVAL (Specify) Burial	July 9.1	f .960	Cherry H	tery tery	Method	ist		ION (City, town,	ty,	Mar		,
23. FLINERAL DIRECTOR	SIGNATURE	2)	Elkton,	Mar	yland	24a. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATUR	E.	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 7 buld be detached for use as the burial-transit permit. Then please remove cockon papers. Pages and 2 should be filed with the rest or prior to burial, cremation, ar removal, and in any event within 72 hour after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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AND ADDRESS OF THE PARTY OF THE	, release	The surprise force in the fail of the

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

7895 CERTIFICATE OF DEATH

07883 Reg. Dist. No.

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1. 1	PLACE OF DEATH	cil		MARYL		USUAL RESIDENCE (Va. STATE Md.	Where deceased	lived. If institution b. COUNTY			missian)
	Elkton		its, write	5Days	IN 1b	Elkto		_	URAL and giv	re nearest t	awn)
·		TAL (If not in hospital,) evine Nul				d. STREET ADDRESS Main St	. 31			O	RESIDENCE N A FARM?
-	NAME OF DECEASED (Type or print)	George		Middle Crossland		Last	4. DATE OF DEATH	7/2	5/60	Day	Year
5. 5	Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE		DATE OF BIRTH		9. AGE (In years last birthday) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
	USUAL OCCUPATION of war bather's NAME	ON (Give kind of work king life, even if retired Ret:)	KIND OF BUSINESS OF		Delawar	e	untry)	12. CITIZ	EN OF WH	AT COUNTRY
13.		T-1 D ()-			- 11	4. MOTHER'S MAIDEN		0.33			
15.		John R. CI	-	SOCIAL SECURITY NO.	17. INFC		a Duct	Addr	•••		
[Yes	i, no, ar unknown)	(If yes, give war or dates of	ervice)	SOCIAL SECOKIT NO.	Mrs		Bryson	1,000		Md.	
NO	Canditions, if a gave rise to i cause (a), stating lying cause last. PART II. OTI	mmediate the under-	A	terrisal CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	mal DISEASE	CONDITION GIV	EN IN PART I	(a) 19. W	AS AUTOPSY
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	inter nature of injury in	n Part 1 ar Part	II of item 18.)			REFORMED?
MEDICAL CE	20c. TIME OF INJUIT Haur a. ft.	MEDICAL EXAMINER) RY Month, Day, Ye	While	Nat while	20e. PLACE factor)	OF INJURY (Home, far , street, office bldg., e	rm, 20f. (City	or tawn)	(Ca	unity)	(State)
W	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at attended the			death od	237			nd on the		ne deceased ated above DATE SIGNED
220	BURIAL, CREMATIC REMOVAL (Specify)	7/27/6	OF O	22c. NAME OF CEME		REMATORY Cemetery		ON (City, tawn, o	2 0	ware	itate)
23.	FUNERAL DIRECTOR	'S SIGNATURE	in	ADDRESS My	dall	LOLON DATE	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM		IRAR'S SIGN	ATURE	

	HANNE HELD	
LA LEGITICA PER	And the second	
		Torono Brasil and Albania Market Blade Co.
	Specific	

VS A15 (4) 15M 9/55

7917 CERTIFICATE OF DEATH

07884

			OFICE			DEATI	•		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY GEC.I	L		MARY	/LAND	2. USUAL RI o. STATE	ESIDENCE (WI	here decease	d lived. If instituti b. COUNTY		ice befor	e admis	sian)
b. CITY OR TOWN RURAL and give RISING		its, write	c. LENGTH OF STAY	77	X	R TOWN (IF O	SUN	prote limits, write R	URAL ond	give nea	irest tow	n)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	give street a				ADDRESS	2011				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	File A NYN	nst A	Middle BELLA		DRENN	Lost	4. DATE OF DEATH	Mar	ith /	Day	1	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	DEVER MARRI	ED 🔲 I	B. DATE OF BI			9. AGE (In years lost birthday) 77 yrs.	IF UNDER Months	2		ER 24 HRS.
100. USUAL OCCUPAT during most of wo HOUSEWIF	ION (Give kind of work prking life, even if retired)	IND OF BUSINESS O		TRÝ 11. BIRTÍ	IPLACE (State	or fareign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
3. FATHER'S NAME	10		WINE. HON	IN.	14. MOTHE	R'S MAIDEN N	NAME			4.5	·A.	
JACOB	W.DUNLAP				MAI	RY E	REYN	OLDS				
	/ER IN U. S. ARMED FOR		OCIAL SECURITY NO). 17. IN	CLYDI			Add	SING			
Conditions, if gave rise to couse (o), sloting lying cause last PART II. O	immediate DUE TO	D) Par	Minson	ATH BUT	al	in			YEN IN PAR) %	P. WAS	DRMED?
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Ye		URY OCCURRED	20e. PLA	CE OF INJUR	(Home, form	, 20f. (City			County)		(Stole)
20c. TIME OF INJU	10	While at work	Not while	foci	ary, street, of	fice bldg., etc	.)					
21. I certify alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	deceased 12 G	on and that	death	, 19 <u>-5</u>	/		n the causes of	ind an t		e stat	
220. BURIAL, CREMATI REMOVAL (Specify	ON, 226, DATE THEREC)F 1960	22c. NAME OF CEM	ETERY OR	CREMATORY	OTH.		TION (City, town,	or county)		(Stol	
23. FUNERAL DIRECTO	R'S SIGNATURE	10	WEST NOT	1.11/(HAM	CEM.	D BY REGIST		STRAR'S SIG	GNATUR	MI)
Temon	E. MEMul	lan		SUN.	MD.		1 2 160		lug & 1			

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THE COLUMN TWO IS NOT THE RESERVE			The state of	

VS A15 (4)

1SM 9/SB

MEDICAL

	MARYLAND	STATE DEPARTM	NENT OF HEALTH—BA	LTIMORE, 18	MAIN PROPERTY
	7896	CERTIFIC	ATE OF DEATH	Reg. I	Dist. No. 07885
1. PLACE OF DEATH o. COUNTY Cecil		MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE	sed lived. If institution: Resid	lence before odmission) Castle
	(If outside corporate limits, write learest town) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	11.	d give nearest town)
d. NAME OF HESP OR INSTITUTION	Union Hosp.	oddress)	d. STREET ADDRESS	Strueet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle J	FAGAN Lost 4. DATE OF DEAT	Month	Day Year 25 19 6
s. sex Male	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 6, 1894		ER TYEAR IF UNDER 24 HR Doys Hours Min.
during most of wor	ON (Give kind of work done 10b. king life, even if retired) ailroad plum		STRY 11. BIRTHPLACE (Stote or foreign Delaware	country) 12. C	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Peter	A. Fagan		14. MOTHER'S MAIDEN NAME Sara Doughe	erty	5 1 11
	ER IN U. S. ARMED FORCES? [16. (If yes, give war or dates of service)		nformant	Address	Del
			ry occlusion wi	th asystole	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if c gove rise to i couse (o), stoting	the under-	Coronary art	ery sclerosis	- C. 374	years
Ĕ			NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS PERFORMED? YES NO.

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc. o. m. Not while of work of work 22 July 609, to 25 July 609, that I last saw the deceased and that death occurred at 1:00 pm from the causes and an the date stated above. 21. I certify that I attended the deceased fram, DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Wallace Obenshain, M.D. NAME (Type) Cecilton.Md

220. BURIAL, CREMATION,
REMOVAL (Specify)
Burial 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 28,1960\$t. Josephs on the FUNERAL DIRECTOR'S SIGNATURE ADDRESS

FUNERAL HOME

Brandywine Wilm.

24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Ciriling S. Kraus Elkton, Md pate 111 27'60

(Stote)

Del.

And the state of t Mark . V toles Hot parette regard to stok yet he The state of the second that the second seco and the selection of the property of the prope Alone, mile to a company of the second of th FIRST AND SEAR AND SEARCH TO SERVENT TO SEE AND SERVENT

	7897 CERTIFICATE OF D	EATH Reg. Di	.07886
	PLACE OF DEATH O. COUNTY Ceci / MARYLAND 2. USUAL RESIDE O. STATE	ENCE (Where deceased lived. If institution: Residen	
	Elkton	OWN (If outside corporate limits, write RUPAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital	FIKTON	e. IS RESIDENCE ON A FARM YES NO
	NAME OF DECEASED (Type or print) BABY GIRL FOX	4. DATE Month OF DEATH	Doy Year 2 9 19 6
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 H
-	Female White WIDOWED□ DIVORCED□ July 29	, 1960 yrs.	9 57
100	to. USUAL OCCUPATION (Give kind of work done during mast af warking life, even if retired)	CE (State or foreign country) 12.CIT	IZEN OF WHAT COUNT
	Ma	aryland	
13.	FATHER'S NAME	MAIDEN NAME	
	Phillip tox Edn	MAE COME	5
	. WAS DECEASEDEVER IN U. S. ALMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (es. no. or unknown) (If yes, give wor or dates of service)	Address *	
1	Phillip	Eox. Elkton. Md. R	.D.2
	1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]		INTERVAL BETWEE
	PART 1. DEATH WAS CAUSED BY:		ONSET AND DEAT
	IMMEDIATE CAUSE (o) Perfectory Follow	W	30 /14 /1 .
	Conditions, if any, which		
	gave rise to immediate		
	lying couse lost.		
z	- William Fig	THE TERMINAL DISEASE CONDITION GIVEN IN BAR	T 1/2/ 10 WAS AUTOI
FICATION			PERFORMED YES NO
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	injury in Port I ar Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at wark of wark of wark	ome, farm, 20f. (City or town) (dbldg., etc.)	County) (St
	21. I certify that I attended the deceased from 7/29 1960	to 7/29 , 196, that I lo	ist saw the decea
	alive an 7/29 19 6 and that death occurred at/	150M, from the causes and on the	e date stated abo
		ADDRESS (Street, city or town, stote)	DATE SIG
	ACTUAL SIGNATURE OF THE M.D.		7/301
1	1 49 1102	, , , , , , , , , , , , , , , , , , , ,	
	PHYSICIAN'S NAME (Type) Peter Stavrakis 154 W. Mai	n St. Elkton, Md.	
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
	DEMOVAL (Specify)	Cemetery, Newark,	
1		24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
23			
23.	901.	DATE AUG 10'60 Circling 8.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HIMATERO STADENTALO TELEVISIO

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 7918 CERTIFICATE OF DEATH

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	- 00	6.

	ACE OF DEATH COUNTY	Cecil		м	ARYLAND	2. USUAL RESI	DENCE (WH		b. COUNT	TY	ford	
b.	CITY OR TOWN (I	If outside corporate lime earest town?	its, write	c. LENGTH OF S		Nia -		de Gr	ace	RURAL and g	give neare	est fown)
	OR INSTITUTION	TAL (If not in hospitol, galantical and the community of			1	d. STREET /		ı Wash	ington			IS RESIDENCE ON A FARM? YES NO
DE	ME OF CEASED pe or print)		RNON		ddle K•	GIBS		4. DATE OF DEATH	Ju:	onth	Day 20	Yeor 19 60
5. SEX		6. COLOR OR RACE	100			B. DATE OF BIRT			9. AGE (In year lost birthdoy) Months		Hours Min.
	Male	White	WIDOW		RCED	2-14-05			55 yr	-	7511.0514	
d d	luring most of worl Butch	DN (Give kind of work king life, even if retired 1er	done 10b.	V. A.	SS OK INDU	Mary	land	85	untry)	US		VHAT COUNTRY?
13. FA	THER'S NAME					14. MOTHER'S	MAIDEN	IAME				
		Ernest		ibson			7 E. H	Iackne				
(Yes, n		R IN U. S. ARMED FOR (If yes, give war or dates of the WW II	ervice)	SOCIAL SECURITY		re Gibso	on (W)	224	H&	vre de	Gra	st.
18		ATH [Enter only one co									INTER	VAL BETWEEN T AND DEATH
	A DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	terioscle	erotio	heart	disea	ase			Un	known
	Conditions, if o	ny, which)	Marc	cardial	fibro	osis					Un	known
	gove rise to i couse (a), stating lying couse lost,											
NO	PART II. OTI	HER SIGNIFICANT CON	-	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PAR	T 1(o) 19.	WAS AUTOPSY PERFORMED?
CAT			Art	erioscle	erosis	, gener	alize	ed			1	YES NO
CERTIFICATION	Oa. ACCIDENT WAR OR CONTRIBUTING F EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJUR					II of item 1B.)			
MEDICAL	Hour o. m.	RY Month, Doy, Ye	ar 20d. I While of wor	NJURY OCCURRED Not while	20e. PL fo	ACE OF INJURY ctory, street, offic	(Home, farm e bldg., etc	20f. (City	or town)	(0	County)	(Stote)
2	1 I certify the	at 🛪) (this haspita	l) attend	led the deceas	sed from	July 2	19	60 toJ1	ılv 20	1966	O other	ar filtrar over these
	CANCELL STREET	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
	20. SIGNATURE	7 .0	0,		and mar c	Jean Oscorro	o orpaca	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 000000	and an me	- ddie s	22b. DATE
	(Lit.	XL	asex	1	M.D. PHYS.		ED. RECTOR	STAFF PHYS.			7-21-60
2	Page 19 Page 1	J. L. GAI	REY.	Clinical	Path	22d. ADDR		Нова	nitol I	Donner '	Poin	
230/	BURIAL CREMATIC			23c. NAME OF			J		ION (City, town		LOTU	(Stote)
	EMOVAL (Specify)		60		ingel				e de G		Marv	
	JNERAL DIRECTOR			ADDRESS			25a. REC'	D BY REGISTI		GISTRAR'S SIG		
P	enningt	on & Son,	Hav	re de Gr	ace,	Md.	DATE	26.60	0	1 8	Krava	

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	229 South Venkington		to see that all all too of
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)	FUL FUL	page	the registrar prior to Uarial, crematian, ar remaval, and in any event within 27 bours after death.
	may be retained by the haspital ar attending physician.	4)	_
3	M 9/5	B	

MEDICAL

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

7-7-60

MARYL 7898		TMENT OF HEALTH		18 Reg. Dist. No	07888
1. PLACE OF DEATH o. COUNTY Cecil	MARYLA	O STATE	and b. COUNTY		ore admission)
b. CITY OR TOWN (If outside carporate limits, RURAL and give nearest tawn) £1kton	write c. LENGTH OF STAY IN	oc. CITY OR TOWN (IF of North Ea	outside corporate limits, write l st (Rural)	RURAL and give no	earest town)
d. NAME OF HOSPITAL (If not in haspital, give or INSTITUTION Union Hospital	e street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF First DECEASED (Type or print) Kathryn	Λ Middle	GORDNER	4. DATE Mor	nth D	Year 1960
	MARRIED NEVER MARRIED	04 4000	9. AGE (In years lost birthdoy) yrs.	Months Doys	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most af working life, even if retired) Housewife	ne 10b. KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (State Mary 1a			F WHAT COUNTRY
John C. Futty		14. MOTHER'S MAIDEN N Jennie Pr			
1S. WAS DECEASEDEVER IN U. S. ARMED FORCE (Yes, no. or unknown) NO (If yes, give war ar dates of serv		Norman F.Gord	Add	dress 1,Marylan	id.
18. CAUSE OF DEATH [Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e perline for (o), (b), and (c).]	Noma, Sigh	old colon		TERVAL BETWEEN
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause last. DUE TO DUE TO (b)_ DUE TO (c)_					
PART II. OTHER SIGNIFICANT CONDI	TIONS <u>CONTRIBUTING TO DEATH</u>	BUT NOT RELATED TO THE TERMI	inal disease condition gi	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO W
20g. ACCIDENT WAS UNDERLYING 20g. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		URRED. (Enter noture of injury in		/County	(\$100.0)

(IF EITHER, NOTI 20c. TIME OF INJU 20d. INJURY factory, street, affice bldg., etc.) Hour o. m. While Not while

19 at wark ot wark p. m. _____, 1960that I last saw the deceased 21. I certify that Lattended the deceased from and that death accurred at 129512_M, from the causes and on the date stated above. alive an

ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Gordner Lutheran Cemetery

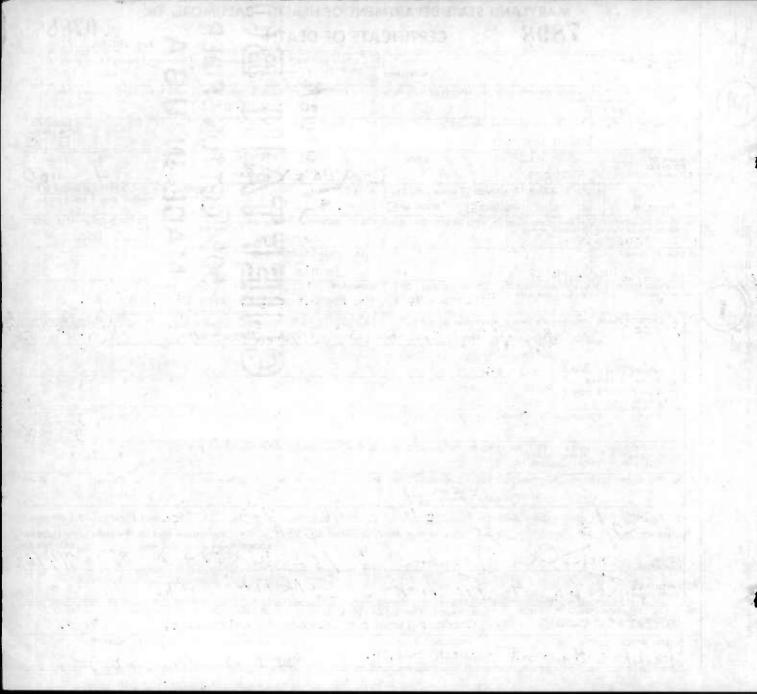
22d. LOCATION (City, town, or county) Unityville,

(State) Penn.

ADDRESS North East, Md.

24a. REC'D BY REGISTRAR DATBUL 7 '60

24b. REGISTRAR'S SIGNATURE Outland S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH ON DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07889

	I U I U		CLKII	IICAIL	OI DEATI	•					
1. PLACE OF DEATH o. COUNTY	Cecil		MAI	RYLAND 2	USUAL RESIDENCE (V	Vhere decease	d lived. If insti b. COUN		nce befor	e odmissi	on)
b. CITY OR TOWN	(If outside corporate limits,	write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (II	Foutside corpo	rote limits, writ	e RURAL ond	give nea	rest town)	
RURAL ond give	Point		2 day	s	Wash	nington	n	47	X	-3	
d. NAME OF HOS	PITAL (tf not in haspital, give	e street a	ddress)		d. STREET ADDRESS		•			ON A	DENCE FARM?
eterans A	dministrati	on H	ospital		109 I. S	Street	N.W.			YES 🗌	NO TO
3. NAME OF DECEASED (Type or print)	First J EN 1	KINS	Midd J		HAMMOND :	4. DATE OF DEATH		Month uly	7		9 60
S. SEX	6. COLOR OR RACE 7	- MARRI	ED NEVER MAR	RIED B. I	DATE OF BIRTH		9. AGE (In yes				_
Male	Negro	VIDOWEI	DIVOR	CED 🔲	6-5-96		last birthda	yrs. Months	Days	Hours	Min.
0a. USUAL OCCUPA during most of w	TION (Give kind of work do orking life, even if retired)		ilroad-P					12.CIT	USA	WHATCO	DUNTRY
3. FATHER'S NAME	-	2.00			4. MOTHER'S MAIDEN				0,011	100	
7	Bunyan Hammo:	nd (deceased)	Cora Ki	tchen	(deceas	(bea			
IS. WAS DECEASED E	EVER IN U. S. ARMED FORCE	S7 16. S		4		0011011		Addrewash	ning	ton.	Da
Yes, no. or unknown) Yes	(If yes, give war ar dates of serv		t availa	ble T	avid Hamme	and (R	rother)	67 I	_	reet	
20g. ACCIDENT	immediate DUE TO DUE TO (c)_ DTHER SIGNIFICANT CONDI	of ITIONS C	mitral v	alve (tis inact: mitral sto OT RELATED TO THE TER generalize Enter noture of injury	enosis	E CONDITION	GIVEN IN PAI		PERFO	AUTOPS'
20c. TIME OF IN.	JURY Month, Day, Year m. 19	While	JURY OCCURRED Not while of work		OF INJURY (Home, for y, street, office bldg., o		y or town)		(County)		(State
\$500 200 200 200 200 200 200 200 200 200	that (X) (this haspital)									stated	abave
22o. SIGNATURE	049	the	1	M.I	_	MED. DIRECTOR	STAFF PHYS.			7-	SIGNE
22c. PHYSICIAN' NAME (Type	J. L. GAR	EY,			logist, V		P			t, M	ld.
REMOVAL (Spec	1/13/6	0			tionel	1.1	TION (City, tow	Was	chu	(Stote	ne
24. FUNERAL DIRECT	. 11 . 11-		ADDRESS	(Inc	27.2	C'D BY REGIS	200	EGISTRAR'S S	IGNATU		
Ten	nington also	on,	havre de	Grace	, I C . DATE	IUL 19'6	50	Joshun &	Hary	A	

VR A1S (4) 1SM 9/S9

on House Courses in the Lens of the long o Carried Carlot Continued to the Continued Continued to the Continued Continu Achter The State Company of the Comp

VR A15 (4) 15M 9/59 07890

1. PLACE OF DEATH o. COUNTY	CECII		MARYLAND	o. STATE	DENCE (WE	here deceased	b. COUNTY	on: Residenc	e before odn	nission)
b. CITY OR TOWN	(If autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	autside carpoi	rate limits, write f			awn)
PERRY	POINT		15yrs llmos			PHILAD	ELPHIA	7	5	-3
OR INSTITUTION	Administrati			d. STREET A		hadwic	k Street		ON	RESIDENCE A FARM?
3. NAME OF	Fir	st	Middle	Lo		4. DATE	Mai		Day	Year
(Type or print)	HENE	Y	(IMI)	HAYNES		DEATH	July	24.		1960
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)		YEAR IF UN	
Male	Negro	WIDOW	ED DIVORCED	Novembe	r 16,	1914	45 yrs.		Doys Hou	ors Min.
10a. USUAL OCCUPAT	TON (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHP	ACE (State	or foreign co	ountry)	12. CITI2	EN OF WHA	TCOUNTRY
Labore			Ratiroad	Sou	th Ca	rolina		I	JSA	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
	Unknown				eli za	beth (?) Hayne	8		
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		224	8 N. Cha	dwick	St.,	
Yes	WW-II		Unknown Mr	s.Elizab	eth H	aynes	(M) Phi	la., F	a.	
Z0g. ACCIDENT V	DUE TO ony, which immediate g the under. THER SIGNIFICANT CON	ce:	rebellum CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERM	IINAL DISEASI	E CONDITION GI		1(a) 19. WA	AS AUTOPSY RFORMED?
	IG ☐ CAUSE OF DEATH 'Y MEDICAL EXAMINER) JRY Month, Doy, Ye	While		PLACE OF INJURY actory, street, affic			ar tawn)	(C	ounty)	(State
21. I certify th	ased alive an In	y 24	ded the deceased from 19 60, and that Clinical Pat	death occurre ATTENDIN PHYS. 22d. ADDR	G M ESS	AED.	STAFF PHYS.	nd an the	date stat	22b. DATE SIGNED 25-60
	ION, 23b. DATE THEREC		23c. NAME OF CEMETERY				ION (City, town,			State)
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24. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			D BY REGIST	RAR 25b, REG	ISTRAR'S SIG		117.7
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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18	
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O DETO I MEDICAL EXAMINER: Into certificate sharing be executed within 24 hours after death. If any delay is necessary, please e	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld	1	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7921 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dist		1)	7	2	G	9
Dist	Na	6.	-	C	V	6

PLACE OF DEATH									
a. COUNTY	cil		MARYLAND	2. USUAL RESIDENCE o. STATE Md.	(Where decea	sed lived. If institu b. COUNT		_	odmission)
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL and	give near	st town)
Conowingo			Life	Conowing	o Rural				
		If not in hosp	ital, give street oddress)	d. STREET ADDRESS					IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED	Fin	st	Middle	Lost	4. DATE	Month		Doy	Year
(Type or print)	Rachel		Ann	Jones	OF DEATH	7		6	19 60
5. SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED 8	. DATE OF BIRTH		9. AGE In years	IFUNDER 1	YEAR IF	UNDER 24 HRS.
F	C	WIDOWED	DIVORCED	7-4-1869		91 yrs.	Months D	Days Ho	ours Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. KI	ND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (SIG	ote or foreign o		12. CITIZ	EN OF W	HAT COUNTRY?
during most of working House W		1	wn Home	Mary	land		T	S.A	
13. FATHER'S NAME	TIE		WIL HOME	14. MOTHER'S MAIDEN					
	*********					1.1			
15. WAS DECEASED EVE	RINUS ARMED FOI	PCFS2 14 c	OCIAL SECURITY NO. 17. II	MORMANT	tte Boo	Address			
	(If yes, give war or dates of						262		
no				Charlotte J	ones,	onowingo	, Ma.		
	TH [Enter only one cau	se per line fo	or (o), (b), and (c).]					ONSET AN	BETWEEN ID DEATH
	H WAS CAUSED BY:	Ar	teriotee- Hea	rt Disease					
14200	DUE TO								
Conditions, if an	ny, which) (b)		eherla Aterio	sclerosis				ma	ny yrs.
gove rise to immed (o), sloting the u	liote couse								
couse lost.	(c)								
PART II. OTH PART II. OTH 200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	ER SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART		ERFORMED?
20g. EXTERNAL CAU	SE WAS	b. DESCRIBE							NO DO
CAUSE OF DEATH.	TIKIBUTING L		HOW INJURY OCCURRED. (E	inter noture of injury in F	ort I or Port II	of item 18.)			□ NO 【
		While	IJURY OCCURRED 20e. PLA	Enter noture of injury in F CE OF INJURY (Home, fo ory, street, office bldg., e	orm, 20f. (City	of item 18.) y or town)	(Cour	nty)	(State)
20c. TIME OF INJUR Hour o. m. p. m.	Month, Day, Yea	While of work	IJURY OCCURRED 20e. PLA Not white fact	CE OF INJURY (Home, fo ory, street, office bldg., e	orm, 20f. (City	y or town)			(Stole)
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20c. TIME OF INJUR Hour o. m. p. m. 21, 1 certify th	Month, Day, Yea	of the recauses	Not white of work mains described abo	CE OF INJURY (Home, for ory, street, office bldg., eve, held an Autopicide , Homician, Chief MEDICAL	psy , lide , U	nspectian X ,	Inquiry	′⊉ [], a	(Stole)
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20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL CREMATION	Month, Day, Year 19 19 10 tat I took charge from: Natural of Material of Reconstructions.	While of work of the recauses to the recause	Not while fact work Accident , Sui	CE OF INJURY (Home, foory, street, office bldg., office bldg., office bldg., office bldg., office, held an Autopaide , Homician , Ho	psy , li de , U EXAMINER DICAL EXAMINER (LEXAMINER)	y or town) Inspection (**), Indetermined c	Inquiry ause □. 7=7=	½ [], a	(Stole)
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20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL CREMATION REMOVAL (Specify)	Month, Day, Year 19 nat I took charge from: Natural of the Company	While of work of the recauses to the recause	HJURY OCCURRED 200. PLA fact of work 200. PLA fact o	CE OF INJURY (Home, for ory, street, office bldg., or ove, held an Autopaide , Homician	psy , li de , U EXAMINER DICAL EXAMINER 22d, LOCA	nspectian , ndetermined c R	Inquiry ause	⊅1 , a	(Stole) Ind find that ATE SIGNED (Stole)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7000

07894

	For fu							Reg. Dis	it. No.		
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give recreet form) PERRY POINT			c. LENGTH OF STAY IN 16 4yrsllmos3days		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE INDIANA b. COUNTY						
					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FT. WAYNE						
d. NAME OF HOSPITA							IS RESIDENCE ON A FARM?				
Veterans A	dministrati	on Ho	spital		1015 SI	ERMA)	N STREET		Y	ES NO TE	
3. NAME OF DECEASED (Type or print)	Fin WIII.I		Middle D.	KE	Lost	4. DATE OF DEATH	Month July		Day 1,	Year 19 60	
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIVORCED	_	eptember 9,	1908	9. AGE (In years lost birthday) 51 yrs.	Months D	-	UNDER 24 HRS.	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Farming				DUSTRY					ZEN OF WHAT COUNTRY?		
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
IRVIN KELLER					REBECCA WARNER						
15. WAS DECEASED EVI (Yes, no, or unknown) Yes	ER IN U. S. ARMED FOR (If yes, give war or dates of a PTE	CES? 16.			ormant B. Mary Aure	and,S				ndiana an St.	
Conditions, if an gove rise to immed (a), staling the couse last.	inderlying DUE TO		tiple Injur				F. COMPLETON AND			known	
CATIC				119	OT RELATED TO THE TERMIN			EN IN PAKI	1(0) 19. W	ERFORMED?	
		lit by	a train.		er noture of injury in Part		of item 18.)				
20c. TIME OF INJUR 7:55PM m.	7-1-60 19	While of we	Not while at work 2	factor	OF INJURY (Home, form, y, street, affice bldg., etc.)	P	or town) erryville	(Coun		(Stote)	
		-	- · · · ·		e, held an Autopsy de [], Homicide	-	nspection M , ndetermined co	-	* , a	nd find thot	
ACTUAL SIGNATUR	Wide	ul	Ron		M.D. CHIEF MEDICAL EXA	_			DA	ATE SIGNED	
EXAMINER'S NAME (Type)	R. C. DOI	SON,			ASSISTANT MEDICAL EX		_	July	1, 1	960	
220. BURIAL, CREMATIO PREMOVAL (Specify)			22c. NAME OF CEMETERY Unknown		REMATORY		TION (City, town, o Wayne, I			(Stote)	
23. FUHENAL DIRECTOR	S SIGNATURE	Havr	de Grace;	m	240. REC'D			TRAK'S SIGN	-		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

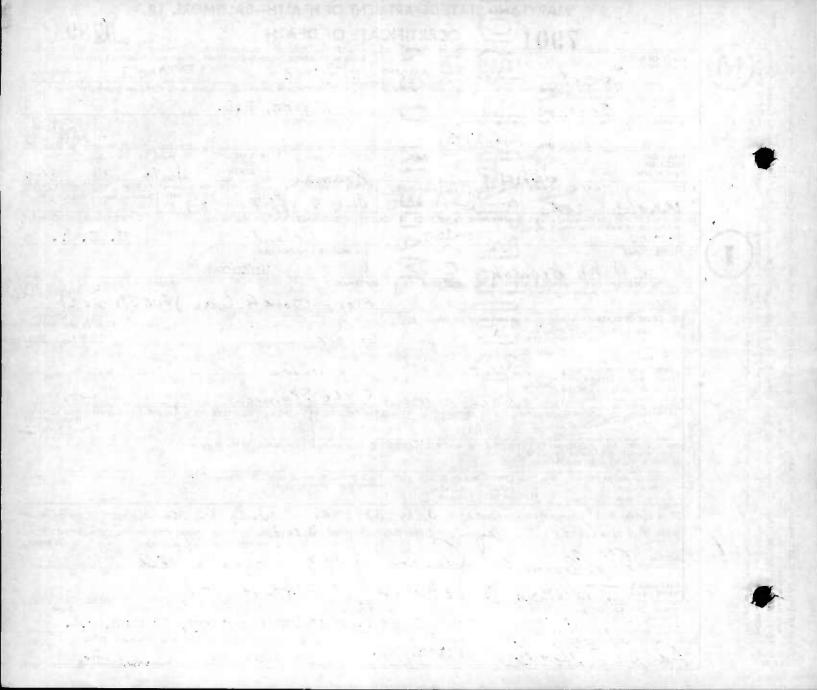
TO FILM AL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 3-with the regi TO FIL SM 9/55

VS. A15ME(S)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07896

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (idence befare admi	ssian)
6. COUNT	Cecil	MARYLAN	o. STATE Virg	rinia	b. COUNTY		1
RURAL and give	N (If autside carporate limits, wr e nearest town) ry Point	ite c. LENGTH OF STAY IN 1		f outside corporate li	mits, write RURAL o	and give nearest tax	∾n)
	SPITAL (If nat in haspital, give st		d. STREET ADDRESS	onar 148	5733	e. IS RI	SIDENCE
	Administratio	n Hospital	Route	1. Box 62	227		A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Manth	Day	Year
(Type or print)	WILLI	AM J.	LAWSON	OF DEATH	July	9	19 60
S. SEX	6. COLOR OR RACE 7.	MARRIED T NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years FUN	DER TYEAR IF UNI	DER 24 HRS.
Male	White WID	OOWED DIVORCED	4-22-00	60		ths Days Hours	Min.
10a. USUAL OCCUPA	ATION (Give kind of work done varking life, even if retired)	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Sto	te ar foreign country	12.	CITIZEN OF WHAT	COUNTRY?
Mecha		Unknown	Marylan	d		USA	
13. FATHER'S NAME	THE PARTY		14. MOTHER'S MAIDEN	NAME			
	William Law	son (deceased)	Sarah An	n Herron	(decease	ed)	
1S. WAS DECEASED E	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17	, INFORMANT		Address	,	Wife)
Yes	WW I	unknown 1	irs. Goldie I	awson. Mi	Hope.		,
	DEATH [Enter anly one cause p	per line far (a), (b), and (c).]				INTERVAL I	BETWEEN
PART I. D	DEATH WAS CAUSED BY:	entricular fil	rillation				conds
70	DUE TO						
Canditions, if	fany, which) (b) F	ibrosis of my	cardium due	to infarc	tion (a)	ld) Yes	ars
gave rise to cause (a), statin	immediate DUE TO				20.00		
lying cause la	st. (c) A:	rterioscleroti	c heart dise	ase	14.	Yes	irs
PART II. C	OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN	PERF	ORMED?
20a. ACCIDENT	WAS UNDERLYING 20b. NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury i	in Part I or Part II of	item 18.)	4 4 3	
20c. TIME OF INJ	n. 10 W	Od. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, for factory, street, affice bldg.,	orm, 20f. (City or to	wn)	(County)	(State)
21 I certify t	that (I) (this haspital) at	tended the deceased fro	November 10	45 to Ju	ly 9 1	960xxxxxx	XXXXXX
XXXXXXXX	CXXXXXXXXXXXXXX	CXXXXXXXXX and the	t death occurred at 8	30 amon the	causes and on	[.]	1.101
22a. SIGNATURE			r dealir occorred dr 9_1	Zivij-troiii ilie	caoses and on		2b. DATE
	615		M.D. PHYS.	MED. ST.	AFF IYS.	7	-13-6
22c. PHYSICIAN' NAME (Type		ney	22d. ADDRESS				
NAME (Type	A. L. MOONE	EY, Asst. Path	ologist, V.A.	Hospital	,Perry P	oint. Md	•
23 BURIAL, REMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETER Angel Hil	OR CREMATORY		(City, town, or cour		ate)
24. FONERAL DIRECTO	OR'S SIGNATURE	ADDRESS	2Sa. RE	C'D BY REGISTRAR	25b. REGISTRAR	S SIGNATURE	131
Rennt	notan & Son	Havre de Gra	e Md DATE	11 21 '60	Clathon	8 thrue	
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07897

Reg. Dist. No.

1. PLACE OF DE a. COUNTY	ATH Cecil	MARYLAND	2. USUAL RESIDENCE	(Where deceased li	ved. If Institut b. COUNTY		efore admission)
and give nea	OWN (It outside corporate limits, writest town) rt Deposit RJ		Port De	(If outside corporat		RURAL and give (nearest town)
d. NAME OF	HOSPITAL OR INSTITUTION	If not in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Clarence		Last	4. DATE OF DEATH	Month 7	Day 3	Year 19 60
5. SEX	6. COLOR OR RACE		DATE OF SIRTH 8-179 1899		GE (In years at birther Os.	Months Days	IF UNDER 24 HRS. Hours Min.
during most of Labo	working life, even if retired)	done 10b. KIND OF BUSINESS OR INDUST	Greenwoo	od Del.	ואו	12. CITIZEN O	A .
13. FATHER'S NA			14. MOTHER'S MAIDEN				
	es: S'. Lawfiele SED EVER IN U. S. ARMED FO (If you, give wor or dotes of W.W.2)	RCES? 16. SOCIAL SECURITY NO. 17. IP	Rose C. S FORMANT azel Preist		Address	annon, D	el.
gave rise to	DUE TO if any, which immediate cause the underlying Out to						
ICATIO		DITIONS CONTRIBUTING TO DEATH BUT N				EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO K
PRIMARY CAUSE OF D	or CONTRIBUTING 21	Db. DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Po	art I or Part II of it	em 18.)		
20c. TIME O			CE OF INJURY (Hame, far ory, street, office bldg., et	rm, 20f. (City or h	own)	(County)	(State)
		of the remains described abocauses . Accident ., Suit	ve, held an Autop cide, Homicid	le 🔲, Unde	ection t		, and find that
EXAMINER				CAL EXAMINER	17.6		
NAME (Type	R.C. Dodson	Im white or crusters on	DEPUTY MEDICAL			7-5-60)
Birtig	LEDI	1960 Baltimore No	ational Cen	T. KAIII	more		(State)
Jam.	E. M. M.	ulle Rising Se	· MALI	JUL 11 '60		TRAR'S SIGNATU	

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7902 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO F' AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regiment of prior to burial, cremation, forw,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. DIN. No. 98

o. COUNTY Cecil	MARYLAND	o. STATE Md.	b. COUNTY	Anne Kent
b. CITY OR TOWN (If outside corporate limits, write II and give nected town)	Passing	c. CITY OR TOWN (IF or Chester	tside corporote limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	14,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First (Type or print) Edward	Ellis	Mann 4.	DATE Month OF TOTAL TOTA	21 Year 60
3.6	MARRIED NEVER MARRIED 8.	DATE OF BIRTH March 2, 19	last birthdayl M	UNDER TYEAR IF UNDER 24 HRS. onths Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work do during most of working life, even if refired) Saw MIII Employee	10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Shore or Oklaho)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Napoleon Mann		Unkno		
15. WAS DECEASED EYER IN U. S. ARMED FORCE Yes, no, or unknown (If yes, give war or dates of sec	vice)	IFORMANT	Address	
UNK.	With	lford T. Ho.	lden, Chester	ctown, Md.
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Lacerated face	from chin t	o right side	of Cheek
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CTUSHED TIGHT 200. EXTERNAL CAUSE WAS CAUSE OF DEATH.	under nose al Fracture of nos of upper and HONS CONTRIBUTING TO DEATH BUT N upper chest wit	e with pund lower maxil	ture woind F la right cla	racture Lvicle IN PART 1(oul 19, WAS AUTOPSY
	DESCRIBE HOW INJURY OCCURRED. (E Hit a oil truck	with automo	pplie	
20c. TIME OF INJURY Month, Day, Year Hore 30.	TAOL WILLIAM	E OF INJURY (Home, form, bry, street, office bldg., etc.)	20f. (City or town) Elkton	(County) (Stote) Cecil Md.
21. I certify that I took charge of				nquiry , and find that
death resulted fram: Natural co	oelse Suident A. Suide	cide , Hamicide [se
EXAMINER'S R.C. Dodso	n	ASSISTANT MEDICAL DEPUTY MEDICAL EX	-	7-21-60
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7-24-60	22c. NAME OF CEMETERY OR Church Hill		2d. LOCATION (City, fown, or o	ounty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ELLETON	ALL DEGLE		AR'S SIGNATURE
PIPPIN FUNERAL HOIGE Dona	U/2 Dec	MA DATEJUL	25'60 arila	7 S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1300	T+	om 4 CERTIFIT	69	IE OF DEA	ın				17.	784	
1. PLACE OF DEATH	H		MARYLA	ND	2. USUAL RESIDENCE			b. COUNTY	-		re admiss	ion)
I CITY OF TOW	Cecil	A			Maryl				Cec		waren Amiri	- \
RURAL ond giv	/N (If outside corporate limi ve nearest town)	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN		arles		UKAL ond	give ne	arest town	1)
4 NAME OF HO	SPITAL (If not in haspital, g	ive street	D.O.A.	-	d. STREET ADDRES		STITES	COWII			e. IS RES	DENCE
OR INSTITUTIO					J. STREET ADDRES	33					ON A	FARM?
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Mor	nth	Do	зу	Yeor
(Type or print)	Frank		Leste	r	Murphy		DEATH	7		PH	25.	19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH	767	- 4	9. AGE (In years			+	ER 24 HRS.
Male	White	WIDOW	ED DIVORCED		11-20-1893			lost birthday)	Manths	Doys	Hours	Min.
10a. USUAL OCCUP during most of	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote o	r foreign c	ountry)	12. CI1		FWHAT	COUNTRY?
Plun	nber	V	eterans Admi	n.	Maryla Maryla	nd				USA		
13. FATHER'S NAME					14. MOTHER'S MAID	DEN NA	AME					
	George Murph	v			Jennie	De	nniso	n				
15. WAS DECEASED	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT			Add	ress		. 9.0	
Yes	(If yes, give war or dates of s		Vone	Mr	s.Carrie I	ono	c Mars	nhu Cham	100+0	m 1	14	4
	DEATH Enter only one co		for (a) (b) 1 (a) 1	1911	Serverine 1	One	2 18111	mry, three	resto		ERVAL BE	TWEEN
					0.45	,	_			ON	SET AND	DEATH
PARI I.	DEATH WAS CAUSED BY:	Le	ft ventric	eul.	ar failur	e(pulm	onary e	dema		45 I	linut
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cause (o), stat lying cause la	ting the <u>under-</u> DUE TO		C V D.					Marie Control	V SE		11	11
Z PART II.	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE T	TERMIN	AL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	19 WAS	AUTORSY
PART II.	Diabetes	MATT	1 tax a		C A CAN							NO X
E 200 ACCIDENT	WAS UNDERLYING		CRIBE HOW INJURY OCC	CIIDOCC	(Fater enture of fair	en in P	net Lar Par	t II of item 18.)			123	NO LAI
☑ OR CONTRIBUT	TING CAUSE OF DEATH	200. DE3	CKIBE HOW INJURY OCC	UKKEL	. (Enter notate of injur	, m. c.	on rai	i ii oi item to.)				
20c. TIME OF IN Hour a.	NJURY Month, Doy.	or 20d. I	NJURY OCCURRED 2		CE OF INJURY (Home,			or town)	m	(County)		(Stote)
Hour a.	/ 10/	While	Not while	foc	tory, street, office bldg	., etc.)						
₹ p.	m.	or wor	K OI WOILK	_	1:					_	-	
21. I certify	that (1) (this haspiral	l) attend				. 12_		7-25-60				
saw the dec	eased alive an Al	oril	21/9 80, and th	hat d	eath accurred at	11	M Hoom	Causes a	nd an th	e date	e stated	above.
220. SIGNATUR		1/1										b. DATE
	1/11/1/	U	MAG		ATTENDING	ME	D.	STAFF PHYS.			7-1	SIGNED
22c. PHYSICIAN	" JUNION		1	,	22d. ADDRESS	DIK	ECTOR [PHTS.	_		/	20-00
NAME (Typ	pe)					A		37 d-3-	T7 4-	10		
	Luis. M.	Cuz	a, M.D.		Cecil	. A	ve.,	North	Last	9 M	ary.	Land
23a. BURIAL, CREMA REMOVAL (Spe	ATION, 23b. DATE THEREC	OF .	23c. NAME OF CEMET	ERY O	R CREMATORY		23d. LOCA	TION (City, town,	or county)		(Sto	re)
Burial			Charleston	3.4	41-1-		Cha	#lestown			Md	
24. FUNERAL DIRECT	TOR'S SIGNATURE		ADDRESS	ME	111 OCIST 250.	REC'D	BY REGIS	TRAR 2Sb. REG	ISTRAR'S S	IGNATU	JRE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

	LACE OF DEATH	CECIL		MARYLAND	2. USUAL RES	PENNS		ed lived. If institu	ν	dence be		issian]
b	. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF o	utside corp	orate limits, write	RURAL a	nd give n	earest to	own)
	PERRY POI	NT		16yrs2mo26days		Pitcai	rn	10	SV	-)	,	
				spital, give street address)	d. STREET		1 01	40	110	- Carlon	ON	A FARM?
		dministrati				25 Thi						Пор
-[NAME OF DECEASED Type or print)	Firs WILLIA		Middle W.	NASEF		OF DEATH	July		Day 7		Yeor 1960
5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH	1		9. AGE (In years	IF UNDE	R TYEAR	IF UND	ER 24 HRS.
	Male	White	WIDOWE	D DIVORCED	9/30/9	3		lost birthdoy) yrs.	Months	Days	Hours	Min.
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0	Farmer	g me, aven ii temedi		Farming		nsylva			U	I.S.A		
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME					
	Phillip N	aser			Wilh	elmina	Hem	hill				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. IN	FORMANT			Address				
	es	WWI		ot available M	ary Nas	er (W)	,425	Third St	t.Pit	cair	n, F	a.
FICATION		inderlying DUE TO (c). ER SIGNIFICANT CONI	DITIONS CO	eneral arterios of the state of	OT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	VEN IN PA		9. WAS PERFO YES \	AUTOPSY DRMED? NO
-	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While		E OF INJURY (i ry, street, affice	Home, form, bldg., etc.)	20f. (City	or town)	(0	ounty)		(State)
	ACTUAL SIGNATURE	0		remains described abov	ide [], H			nspection Andetermined		iry 🛚	DATE	find that
	EXAMINER'S NAME (Type)	R. C. DODS	SON		DEPUTY	MEDICAL EX	AMINER [0		7/8	/60	
220	REMOVAD (Specify)	N, 22b. DATE THEREO	5	22c. NAME OF CEMETERY OR C	CREMATORY	1		noreland			(Sto	te)
23/	Funieral director	111 14 11 14	Havr	ADDRESS e de Grace, Me	d.	240. REC'D	BY REGIST	RAR 24b. REGI		IGNATU		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FU AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regiment prince to burief compation, and regard. Forwar TO FE VS. A15ME(5) 5M 9/55

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO EVENT ALD DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regiment prior to burial, cremation,

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7906 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY o. STATE Del. b. COUNTY N. Castle Cecil MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Elkton D. O. A. Wilmington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1109 Chestnut Street Union Hospital D.O.A. YES NO. NAME OF First Middle DATE Lost Year DECEASED July 24, (Type or print) 1960 HENRY PTATKOWSKT 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost byrhday) Months WIDOWED [7] Male White DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Labor Del. Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Cieszniejewski John Piatkowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes no, or unknown) Wilm, Del. Mrs. Frances Smolka 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fracture of Neck IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? YES | NO X 200. EXTERNAL CAUSE WAS PRIMARY 12 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) Jumped off pier into shallow 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) ELKMORE bldg., etc.) 1960 White Not while at work Elkton, RD Cecil Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and find that death resulted from: Natural causes . Accident X, Suicide , Homicide , Undetermined cause ACTUAL SIGNATURE DATE SIGNED ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Dodson DEPUTY MEDICAL EXAMINER July 25. 1960 220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Burdal Cathedral Cem. Wilmington. 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR JIII 27'60

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

7907 CERTIFICATE OF DEATH

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d. NAME OF HOSPITAL (II not in hospital) give sired eddens) OR NOTIFICATION OR NOTIFICATI	a. COUNTY	a. STATE // / b. COUNTY /	1
OR NOTIFICATION OF STATE OF DEATH OF STATE	b. CITY OR TOWN (If gatside carporate limits, write RURAL and give realest town) This is a contract to the contract of the co	c. CITY OR TOWN It of side corporate limits, write RURAL and give nearest town)	7
DECAME OF DEATH MANAGE OF DEATH ON DEATH ON DEATH DO REATH ON DEATH ON DEA	OR INSTITUTION A	ON A FAI	RM?
100 USUAL OCCUPATION (Cive kind of work dame 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during might of working life, even if partial or working life, even if the stote of the stote o	DECEASED	Pash DEATH July 2 190	60
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15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT With the control of the contr	during most of working life, even if retired)	Quen anna Co. Wed 4.5. A	UNTRY?
The contraction of the contrac	Wichelas Rash an	walathum Yoman	
PART I. DEATH WAS CAUSE (p). Gerebral Thormbosis ONE TAND DEATH ONE Week DUE TO Canditions, if ony, which gave rise to immediate cause (p), stoling the under lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTI		Mrs W - H. Pennigh - Cherluton	hul
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at war	Canditions, if ony, which gave rise to immediate cause (o), stating the under DUE TO	osclerosis years.	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at war	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SEVERE ARTERIOS CLEROTIC heart disease	se with failure. Senilfity PERFORME	ED?
21. I certify that I attended the deceased from May 15, 19, 60, to July 2, 1960, that I last saw the deceased alive on 2 July, 19, 60, and that death accurred at 8:00A M, from the causes and an the date stated abave. ACTUAL SIGNATURE ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) PHYSICIAN'S SIGNATURE ADDRESS 220. NAME OF CEMETERY OR CREMATORY MILLINGTON, Md. 23. FUNERAL DIRECTOR'S SIGNATURE PHYSICIAN'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		IED. (Enter nature of injury in Part I or Part II of item 18.)	
alive on 2 July 19 60, and that death accurred at 8:00A M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) Wallace Obenshain M. D. Cecilton Md. 220. BURIAL, CREMATION 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) MILLINGTON, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	Hour o.m. While Nat while fo	PLACE OF INJURY (Hame, form, 20f. (City ar town) (County) (octary, street, affice bldg., etc.)	(State)
NAME (Type) Wallace Obenshain, M.D. Cecilton, Md. 220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) (/4/OU MILLINGTON CEMETERY OR CREMATORY MILLINGTON, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	alive on 2 July , 19 60, and that death	th accurred at 8:00A M, fram the causes and an the date stated o	abave.
REMOVAL (Specify) BUTIAL (/4/OU MILLINGTON Cemetery Millington, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S Wallace Obenshain M.D.	Cecilton Md.	
marvin V. Williams unestertown, Md.	REMOVAL (Specify)	(5,6,6)	
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TE OF DEATH	ADMINED - TRET - CERTIFICA
	DELIVERY.
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	and the ground of an artist to the second of
Consider the control of the control	The second secon

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any deloy is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farw, est to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FULL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regis prior to burial, c 7908 MEDICA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist) No. 9 14

	Total Control of the									
1. PLACE OF DEATH			MARYLA		o. STATEPA	(Where deced		tution: Reside		admission)
b. CITY OR TOWN (If	outside corporate limits, write		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN		rporate limits, writ		give near	est Iown)
	ion Hodpi		ital, give street address)		d. STREET ADDRESS		7	X	900	IS RESIDENCE ON A FARM? ES NO DE
3. NAME OF DECEASED (Type or print)	Theorado:		Everett.	Rei	Clord	4. DATE OF DEATH	Mon	7	Pay	19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED DIVORCED	8. 0/	TE OF BIRTH 3-27-1912	<u>></u>	9. AGE (In years lost birthlay) yrs	Months		UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATION during most of warking MOTOR ROOM	ON (Give kind of work do life even if retired)		ND OF BUSINESS OR INC		11. BIRTHPLACE (Stol	te ar fareign	country)		ZEN OF W	VHAT COUNTRY?
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
no info	rmation			1	Elsie Rei	ford				
	ER IN U. S. ARMED FOR		OCIAL SECURITY NO. 1	7. INFO	RMANT	10000	Addres	18		ANTELL
no)	(If yes, give war or dates of s	18	9-07-7749]	Mrs.	Ther. H	E. Re:	ffond,	Homey	Bro	ok. Pa
	diate cause underlying DUE TO (c)_	ITIONS CO	attack 4	EUT NOT	RELATED TO THE TERM			IVEN IN PAR		PERFORMED?
PRIMARY Or COL	NTRIBUTING	. DESCRIBE	HOW INJURY OCCURRE	D. (Enter	nature of injury in Pa	ort I ar Part I	I of item 18.)			
20c. TIME OF INJUI	RY Month, Day, Year 19	20d. It While at wor	Not while	PLACE (factory,	OF INJURY (Hame, for street, affice bldg., et	rm, 20f. (Ci	ty or tawn)	(Cou	inty)	(Stale)
ACTUAL SIGNATURE			emoins described of Accident ,			EXAMINER CAL EXAMIN	Indetermined		D	and find tha
	N. 22b. DATE THEREOF		Pairuiew	-			ATION (City, town,		ster	(State) Co., Pen
23. FUNERAL DIRECTOR	'S SIGNATURE NERAL HOPE	0	ADDRESS E	KAL	DATES	'D BY REGIS		ISTRAR'S SIG		

VS. A15ME(5) 5M 9/55

F.s AS C. B Moonth watch * * h-and mooth recto 42 , Wante Trees, and Task , t. Colf. , this year and The state of the s Carried Property of the Carried State of the Carrie

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VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07	191	05
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1.								
	PLACE OF DEATH	oil	MARYLAND	2. USUAL RESIDENCE (Where deceased nd	lived. If institution b. COUNTY	on: Residence be	
	b. CITY OR TOWN (If ou RURAL ond give neares Perry	t town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (Perry		ote limits, write RU	URAL ond give n	earest town)
	d. NAME OF HOSPITAL (OR INSTITUTION Susque	If not in hospital, give stehanna AVE		d. STREET ADDRESS Susqu	ehanna			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First Thomas	Middle Wilber	Reynolds	4. DATE OF DEATH	July	th 31	Pay Year 6 C
S.		AThita	MARRIED A NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 3-13-1885		9. AGE (In years birthdoy) yrs.	Months Doys	AR IF UNDER 24 HR Hours Min.
100	during most of working	Give kind of work done life, even if retired) ECTOT	10b. KIND OF BUSINESS OR IND Rail Road	ustry 11. Birthplace (Sie		untry)		OF WHAT COUNTRY
13.	FATHER'S NAME Thom	as	Reynolds	14. MOTHER'S MAIDER	herine		Shutt	
	WAS DECEASED EVER IN No. or unknown) (If ye	U. S. ARMED FORCES? s, give war ar dates of service)		informant Sarah E. R	eynolds	Perry		Md.
CERTIFICATION	Canditions, if ony, gove rise to immo cause (o), stoting the lying couse lost. PART II. OTHER 200. ACCIDENT WAS U OR CONTRIBUTING [IF EITHER, NOTIFY MET	ediote DUE TO (c) SIGNIFICANT CONDITION	ONS CONTROUTING TO DEATH BURNESS OF THE PROPERTY OF THE PROPER				/EN IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO
MEDICAL CES	(IF EITHER, NOTIFY MED 20c. TIME OF INJURY Haur o. m. p. m.	Month, Doy, Year 20		PLACE OF INJURY (Home, footory, street, office bldg.,		or town)	(Count	y) (Stot
	21. I certify that (I saw the deceased 220. SIGNATURE	\\-(1	RS	death accurred a 6	MED.	the causes an		that (I) (we) la te stated abave 22b. DATE 7 - 10 ISE
	22c. PHYSICIAN'S	ence fo	Blucan	22d. ADDRESS			-	2

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please ex	0	D	D FU AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regis prior to burial, cremotian	
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22a. BURIAL, CREMATION, 22b. DATE THEREOF

	79					NT OF HEALT			18 Reg. Dist		906
1.	PLACE OF DEATH	Cecil		MARYL	AND	2. USUAL RESIDENCE (Va. STATE Penn	Where dece	1		e before o	dmission)
t	Perry Poi	nt, Md.		LENGTH OF STAY IN		c. CITY OR TOWN (I	foutside co	. Manager	RURAL ond g	ive nearest	town)
		L OR INSTITUTION (IF A				d. STREET ADDRESS 804 Haslag	e Stre	eet		0	RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	First HARR	7	Middle (NMT)	RC	Lost DBTNSO N	4. DATE OF DEATH	Month Ju		Doy 28	Year 19 60
	Male	White v	VIDOWED [] N	ovember 4,18		9. AGE (In years last birthday) 72 yrs.	Months Do		NDER 24 HRS.
10a	. USUAL OCCUPATIO luring most of working Laborer	N (Give kind of work do life, even if retired)	1 .	of susiness or in General	IDUSTI	Penna.	or foreign	country)	12. CITIZE		AT COUNTRY?
13. FATHER'S NAME Unknown						14. MOTHER'S MAIDEN I	NAME e Fari	0			
		R IN U. S. ARMED FORC (If yos, give wor or dates of serv	rice) (epin	None		rormani rry Robinson	ı,Jr.	804 Hadila McKees	ge St.	Penna	(Son)
	PART I. DEATI	ate cause			oni	tis with tun	nor of Bow	large v	15/18	Unkr	TWEEN DEATH
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDIT	ions <u>cont</u> e	RIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART I	(o) 19. W/PEF	RFORMED?
	20g. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING [] 20b.	DESCRIBE HO	W INJURY OCCURRI	ED. (Er	nter nature of injury in Par	rt I or Part I	I of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Month, Day, Year	While	RY OCCURRED 20e Not while at work		E OF INJURY (Hame, farm ry, street, affice bldg., etc		ly or town)	(Count	γ)	(State)
E		at I took charge a from: Natural ca				re, held an Autaps ide \square . Homicide		Inspection , Indetermined o		d, an	d find that
	ACTUAL SIGNATURE	Rela	od	ron		M.D. CHIEF MEDICAL E		2 31		DAI	TE SIGNED
	EXAMINER'S	D a popa	017 14			ASSISTANT MEDIC			Tirv	7-28-	60
	NAME (Type)	R. C. DODS	ON, M.	D.		DEPUTY MEDICAL	EXAMINER!	KOC			

22d. LOCATION (City, town, or county) McKeesport, Pa.

24b. REGISTRAR'S SIGNATURE

Circhun S. Krees

24a. REC'D SY REGISTRAR

DATE AUG 1 0 '60

(Stote)

22c. NAME OF CEMETERY OR CREMATORY Mt. Vernon

ADDRESS

Son, Havre de Grace, Md.

VS. A15ME(5) SM 9/55

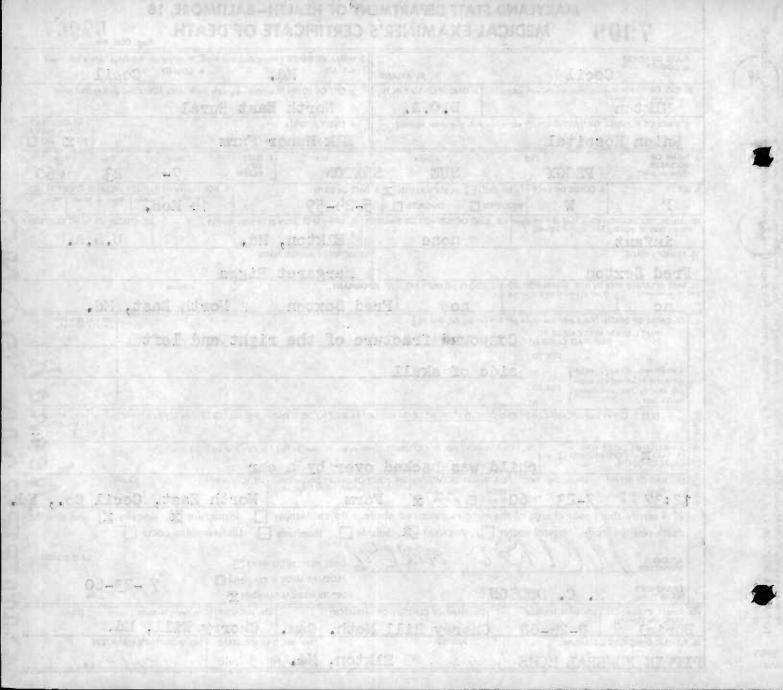
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	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE,	
7909	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Reg. Dist. No. 07967
F DEATH		2. USUAL RESIDENCE (Where deceased lived. If Instit	

o. COUNTY	Cecil		MARYLAN	0. ST.			sed lived. If In b. COL	10 1704	cil	odmission)
b. CITY OR TOWN (If and give nearest town) Elkton	outside corporate limits, write		D.O.A.	c. CI		-	porote limits, w		d give neor	est town)
d. NAME OF HOSPITA Union Ho		f not in hospital, g	ive street oddress)		REET ADDRESS k Mano	or Fai	<u>em</u>			IS RESIDENCE ON A FARM? (ES) NO
3. NAME OF DECEASED (Type or print)	PEGGY		Middle SUE	SEXTO	Last N	4. DATE OF DEATH		onth	Doy 23	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	8. DATE OF	-59		9. AGE (In year last birthday)			UNDER 24 HRS.
10a. USUAL OCCUPATIO during most of working Infant 13. FATHER'S NAME	N (Give kind of work of life, even if retired)		none	E	Ikton	Md.	country)		U.S.	A.
Fred Sext		ICESS IN SOCIAL	SECURITY NO. 117		rgaret		Add			
[Yes, no, or unknown)	If yes, give war or dates of s	ervice)	o F		exton			East,		BETWEEN
Conditions, if on gove rise to immedi (a), stoting the uncouse lost.	ote couse	side o	f skull						1/2/19 /	Was Alitobey
20g. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING 20k	DESCRIBE HOW	INJURY OCCURRED. s backed	(Enter nature	of injury in Po	ort I or Part II				ERFORMED?
20c. TIME OF INJURY Hour o. m. 12 \$ 37 p. m.	Month, Day, Yea	20d. INJURY While	OCCURRED 20e. P	LACE OF INJI	JRY (Home, for office bldg., et	m, 20f. (Cit		st, Ce		(Stote)
21. I certify the death resulted	of I took charge from Natural of		ns described al	uicide []	Homicid	EXAMINER	ndetermine			and find that
EXAMINER'S NAME (Type)	R. C. DO	DSON			SISTANT MEDICAL			7 -2	3-60	
220. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	7-26-6	Che:	DDRESS	Meth	_ Cem	Che BY REGIS	V		d.	(State)
PIPPIN FUN	ERAL HOM	E Sbrate	Made F	lkton	, Mars	JUL 27	'60	Orthun &	Krouk	



may be retained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to FUNE DIRECTOR: After this campletely filled to FUNE DIRECTOR: A FOR THE DIRECTOR DIR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7910

CERTIFICATE OF DEATH

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								keg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY	Ceci1		MARYLAN		usual residence (wo o. State Maryland		ed lived. If institut b. COUNTY		ce before o	admission)
RURAL and give	(If outside corporate limi	its, write	6 days	16	c. CITY OR TOWN (IF	outside corpo	orote limits, write f			t town)
OR INSTITUTIO	PITAL (If not in hospital, on Nation Hospital)		address)		d. STREET ADDRESS					S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fin Clare	st	Middle	Sh	lost	4. DATE OF DEATH	Mod	nth	Day 3	Yeor 19 60
s. sex Male			RIED NEVER MARRIED	B. D	ATE OF BIRTH	5	9. AGE (In years last birthday) 65 yrs.			UNDER 24 HRS
during most of w	orking life, even if retired	dane 10b.	KIND OF BUSINESS OR II		Mary1a	and	country)		ZEN OF WH	HAT COUNTRY
3. FATHER'S NAME				1.	. MOTHER'S MAIDEN					
	rd Shivery				Marcel1	La Fer				
(Yes, no, or unknown)	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	Iress		
Yes	World War	1 7	17-07-5344	Mrs.	Elwood Loga	an	Nort	h Eas	t, Md.	
gove rise to cause (o), stating tying cause los PART II. C	ng the <u>under</u> DUE TO	:)	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GI	VEN IN PART	T 1(o) 19. y	WAS AUTOPS
20a. ACCIDENT OR CONTRIBUTING	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCL	JRRED. (E	nter noture of injury in	Port I or Po	ort II of item 18.)		YE	s No
20c. TIME OF INJ Hour o. m p. m	n. 10	ar 20d. I While of wor	Not while _		OF INJURY (Home, for , street, affice bldg., et		y or tawn)	(0	County)	(Stote
alive an Ju	that I attended the ly 2 S. RALPH ANI	And	ond that de		233 E. M Elkton,	ADDRESS (S	the causes ar Street, city or town, treet	nd an the	st saw the date st	he decease tated above DATE SIGNE
220. BURIAL, CREMAT REMOVAL (Speci Burial	7-6-1960)F	North East		EMATORY	Nort	12000 0 111	ary 1 an		(State)
23. FUNERAL DIRECTO	Grest SIGNATURE		North East, N	id.	24a. REC	IN BY REGIS	TRAR 24b. REG	ISTRAR'S SIC		

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		pag 4	100	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI

CERTIFICATE OF DEATH

07909

	- 10 .)		- CLICITI							
. PLACE OF DEATH a. COUNTY	Cecil		MARYL	AND	2. USUAL RESIDENCE (W a. STATE Marvlan		b. COUNTY	Residence	befare	admission)
b. CITY OR TOWN (I RURAL and give ne	If outside corporate limits, earest tawn)	write	LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF			RAL and giv	99	est tawn)
d. NAME OF HOSPIT OR INSTITUTION	int. [AL (If nat in haspital, give	e street od	17 days		d. STREET ADDRESS	Port De	eposit,	Mula.		IS RESIDENCE
	dministratio	n Ho	spital							YES NO
B. NAME OF DECEASED (Type or print)	JOHN JOHN		PROCTOR		SHURE	4. DATE OF DEATH	July		Doy 22	Year 1960
. sex Male	White	VIDOWED		M	ay 16, 1916		last birthdoy)	Manths D	oys	F UNDER 24 HRS Haurs Min.
Laborato:	ON (Give kind of work do king life, even if retired) ry Technicis	ne 10b. Ki	ND OF BUSINESS OF Hospital	R INDUS	Marylan	id	untry)		SA	VHAT COUNTRY
3. FATHER'S NAME	16 01				14. MOTHER'S MAIDEN					
	ge M. Shure	52 14 50	OCIAL SECURITY NO.	17 INI	FORMANT	ly McCa	Addre	80		
	(If yes, give wor or dales of serv			1	Ellen Shure	(Wife		n Depos	it,	Md.
	ATH [Enter anly one caus ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_				- FOLLOWING	OPERA	rion		ONSET	VAL BETWEEN T AND DEATH TO 5 DE
Conditions, if a	DUE TO	RIGH	T UPPER I	OBE	LOBECTOMY				7	Days
gove rise to in cause (a), stating lying cause lost.	the under- DUE TO	TUBER	RCULOSIS,	PUL	MONARY, RIG	HT UPP	ER LOBE,	ACTIV	E -	Unknow
PART II. OTH	HER SIGNIFICANT CONDI	TIONS <u>CO</u>	NTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	n in part 1		WAS AUTOPSY PERFORMED? YES A NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCR	IBE HOW INJURY O	CURRED	. (Enter noture of injury in	Port I or Port	II af item 1B.)			
20c. TIME OF INJUR Havr a. m. p. m.	Y Manth, Day, Year 19	While	URY OCCURRED Nat while at work	20e. PLA foct	CE OF INJURY (Hame, far ory, street, office bldg., et	c.)	or town)	(Ca	unty)	(State
	at (1) (this haspital) sed alive an July				July 5, 19	- 10	July 22, the causes and			
22a. SIGNATURE) //	1		٨	A.D. PHYS.	AED. DIRECTOR [STAFF PHYS. X			226. DATE SIGNE 7-23-60
22c. PHYSICIAN'S	JAMES L. GA	REY,	M.D.		VAH, PERI	RY POI	NT, MARY	LAND		
230. BURIAL REMATIO	7-26-196	1	West No		crematory ngham		ion (City, town, or	200	ral	(State)
24. FUNERAL DIRECTOR	S PIGHATURE	2	ADDRESS	.10		JUL 2 6	RAR 25b. REGIST	RAR'S SIGN		

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		MARY	AND	STATE DEP	ARTM	LENT OF H	EALTH	H-BAL	TIMORE, 1	8			
L		792	()	CERT	IFIC	ATE OF D	EATH	4		Reg. D	ist, No.	791	Lo
1.	PLACE OF DEATH o. COUNTY	CECIL.		MAR	YLAND	2. USUAL RESID	ENCE (WI	here deceased	d lived. If instituti b. COUNTY	on: Reside		odmission	n)
	RURAL ond give i	(If outside corporate limi learest lown) TLLS	ts, write	c. LENGTH OF STA	Y IN 1b				rote limits, write R		ally filed	est town)	-
		TAL (If not in hospital, o	ive street			ELK d) street ac		ILLS				ts RESTO ON A F	
3.	NAME OF DECEASED (Type or print)	Fir	st	Middl		lost	nc	4. DATE OF DEATH	Mor	ith /	Day	Ye	
5.	SEX	6. COLOR OR RACE	7. MARS	REBEC		SIMPE B. DATE OF BIRTH	RD	DEATH	9. AGE (In years	IF UNDE	R I YEAR II		24 HPS
	F.	W.	WIDOWI			5/ 23/	187	71	lost birthdoy) 89 yrs.	Months		Hours	Min.
10	a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	fone 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLA	CE (State	or fareign co	ountry)	12. CI	TIZEN OF	WHAT C	OUNTRY
	HOUS	EWIFE		OWN HOM	E	DEL	e				U.S.	Α.	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					
120		SETH ER IN U. S. ARMED FOR	CE62 14	SOCIAL SECURITY N	0 17 4	NFORMANT	IZAI	BETH	MARK				
IY	es, no, or unknown)	(If yes, give war or dates of s	rvice)	13-74-16			IMPE	PPS	Add EL		LLS.	MI	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise 10 immediate couse (o), stoting the under- lying couse lost. (c) Broncho - flineumonica (b) Cardio - Ursaular reval dispense DUE TO (c)									ONSET AND DEATH LOUGH			
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON								EN IN PAR		WAS AU PERFORM (ES 1	AED?
	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter nature of	injury in I	Port I or Port	Il of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. fi. p. m.	RY Month, Day, Yeo	While of work	NURY OCCURRED Not while t of work	20e. PL for	ACE OF INJURY (H ctory, street, office	ome, farm bldg., etc.	. 20f. (City	or town)	(County)		(Stote)
11	21. I certify to alive an actual signature physician's NAME (Type)	Herbert Elkt	decease _, 12_ Bs			accurred at.		_M, fram		nd an t		stated	
L	REMOVAL (Specify	7/6//19	F 960	CHERRY	HTLI	CEM.		22d. LOCAT	ION (City, town, o	r county)		(Stote)	
23	FUNERAL DIRECTOR	's signature	Me	ADDRESS RISI	NG S	7777 777	24a. REC'I	7 '60		TRAR'S SI			

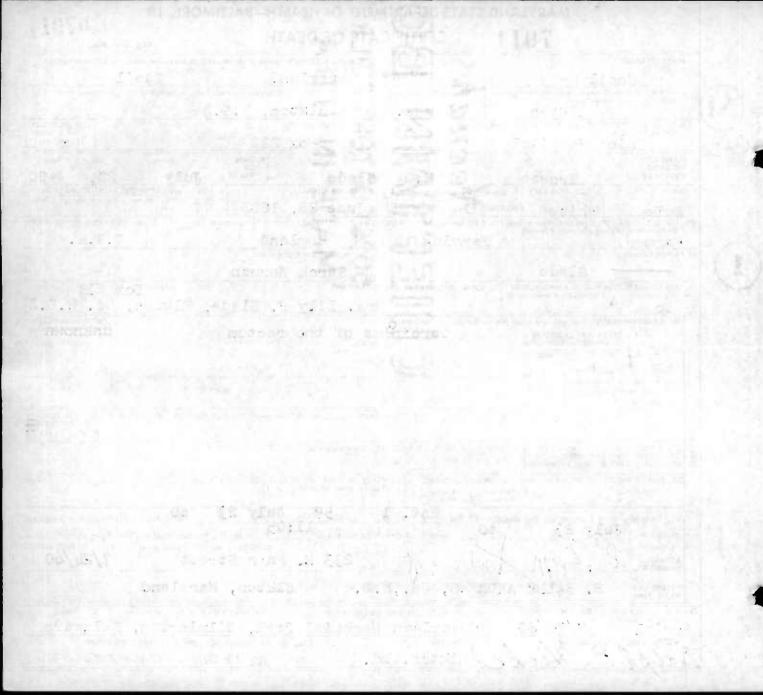
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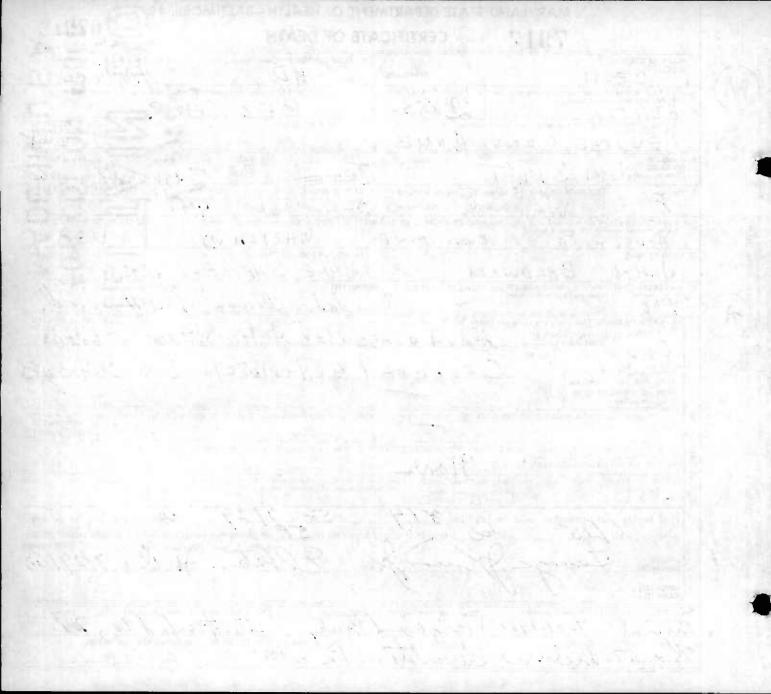
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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	79	11	CERTIF	ICA	TE OF DEAT	TH		Reg. Di	ist. No.		911
I. PLACE OF DEATH a. COUNTY	:1]		., MARYLA		2. USUAL RESIDENCE (Vo. STATE Marylan		b. COUNTY	on: Resider		re admis	sion)
	(If autside corporate limitearest town)		c. LENGTH OF STAY IN		c. CITY OR TOWN (I			URAL ond	give nec	rest tow	n)
OR INSTITUTION	Elkton TAL (If not in hospitol, g	ive street o	M 11 mm M		d. STREET ADDRESS		D.O.			ON A	SIDENCE A FARM?
NAME OF DECEASED	on Hospita Fir		Middle		l. Box	4. DATE	Mon	ıth	Dó		Year
(Type or print)	Ernest		Н.	T	lade	DEATH	our,y	TIE LINIDER	23		1960
s. sex Male	White	VIDOWE	ED 🖰 NEVER MARRIED D DIVORCED		June 25.	1883	9. AGE (In years lost birthdoy) 77 yrs.	Months Months	Days	Hours	Min.
IOa. USUAL OCCUPATI	ON (Give kind of work king life, even if retired		arming	INDUST	RY 11. BIRTHPLACE (Sto Engla		country)		IZEN OF		COUNTRY
13. FATHER'S NAME	Slade		G.S.I		Sarah N						
(Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war ar dates of s		OCIAL SECURITY NO.		ormant s. Lily F	3. Sla		ton.	The Control		D.3
Conditions, if a gove rise to couse (o), stoting lying couse lost. Part II. OT	the <u>under-</u> DUE TO)	ontributing to deat	<u>'H</u> BUT N	IOT RELATED TO THE TER	RMINAL DISEA:	SE CONDITION GIV	/EN IN PAI	RT 1(o) 1	9. WAS	AUTOPS ORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED.	(Enter noture of injury	in Port I or Po	rt 11 of item 18.)			YES [
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	20d. IN While of work	Not while	Oe. PLAC	CE OF INJURY (Home, fory, street, office bldg.,	etc.) 20f. (Cit	y or town)	(County)		(Stote
alive an	hat I attended the uly 23	1000 An	and that of	death o	accurred at 11°:0	ADDRESS (the causes an Street, city or town, Street	stote)	e date	state	d abav
SIGNATURE			RAINS JR	,M.I) _ E;_	IKTON.	Maryla	na -			
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify	B. RALPH	AND	22c. NAME OF CEMET	_			ATION (City, town,			(Sto	te)



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	7912 CERTIFICATE OF DEATH 07912 Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY ECIL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY HARFORD
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL TO N
G	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM YES NOTE
0	3. NAME OF DECEASED (Type or print) JERRI SULFT Middle Told A. DATE Month Day Year OF DEATH TULV 29 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED DIVORCED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. Months Days Haurs Min. Min. Months Days Haurs Min. Min. Months Days Months Days Months Days Min. Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME JOHN BALDWIN 14. MOTHER'S MAIDEN NAME JANE SHENBERGER
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes, give wer or doles of service)
)	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 3. DEATH WAS CAUSE (o) PART 4. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
	Conditions, if ony, which gave rise ta immediate couse (a), stating the under-lying couse lost. DUE TO Conditions, if ony, which gave rise ta immediate couse (a), stating the under-lying couse lost.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while of work of twork of twork of two the work of two
	21. I certify that lattended the deceased fram 17 1958, to 1990 that I last saw the deceased alive an 1990, and that death accurred at 1990 M. fram the causes and an the date stated above ADDRESS (Street, aliver town, state) DATE SIGNATURE PHYSICIAN'S NAME (Type)
1	220. BURIAL, CREMATION, 22b. DATE THEREOF PREMOVAE (Specify) 7-31-196 22c. NAME OF CEMETERY OF CREMATORY Structure 22d. LOCATION (City, town, or county) (Stote) Structure 22d. Registrar's SIGNATURE 22d. Registrar's SIGNATURE
(23. EUNÉRAL DIRECTOR'S SIGNATURE ADDRÉSS ADDRÉ



VS A15 (4)

15M 9/58

PHYSICIAN'S NAME (Type)

	MARY	LAND	STATE DEPART	MENT	OF HEAL	TH-BAL	TIMORE, 1	8			
	79	13	CERTIFI	CATE	OF DEAT	TH		Reg. D	ist. No.	791	13
1. PLACE OF DEATH a. COUNTY Ceci	.1		MARYLAN		ISUAL RESIDENCE (1. STATE Maryla	2.0	b. COUNTY	ian: Residen			
b. CITY OR TOWN (If as RURAL and give neare	rest town)		c. LENGTH OF STAY IN 1	lb c.		(If autside carpo	orate limits, write RI	URAL and	give near	rest tawn	1)
d. NAME OF HOSPITAL OR INSTITUTION Union Hos	(If not in haspital, g		address)	¶ d	d. STREET ADDRESS				•		SIDENCE A FARM? NO 2
3. NAME OF DECEASED (Type or print)	George		Middle		last Veasey	4. DATE OF DEATH	Mani July		Doy 20		Year 19 60
5. SEX 6. Male	6. COLOR OR RACE white	7. MARR	RIED NEVER MARRIED DIVORCED	B. DAT	TE OF BIRTH	1906	9. AGE (In years last birthday) 53 yrs.	Manths	R 1 YEAR Days		ER 24 HRS. Min.
during most of working	g life, even if retired	d)	KIND OF BUSINESS OR IN Auto Parts P		11. BIRTHPLACE (Sto Mary1		auntry)	12.CIT	US.		COUNTRY?
13. FATHER'S NAME Morris Ve					MOTHER'S MAIDEN	NAME	re				
(res, no. or unknown) (If y	IN U. S. ARMED FOR yes, give wor or dates of s	service)	SOCIAL SECURITY NO. 214-03-4703	Mrs		Z.Vease	Addr ey Elkton		Mar	y1an	nd
PART I. DEATH IN Canditians, if any, gave rise to imm	WAS CAUSED BY: MMEDIATE CAUSE (c DUE TO , which (b) mediate	(a) Con	ne for (a), (b), and (c).] ngestive Hear heumatic Hear			h Mitra	ıl stenos	is	ONSE	ERVAL BE SET AND 2 We 20	DEATH
Couse (a), stating the lying couse last. PART II. OTHER 20a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	e <u>under-</u>	(c)	CONTRIBUTING TO DEATH	BUT NOT I	RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	/EN IN PAI	RT 1(a) 15	PERFO	AUTOPSY DRMED?
	CAUSE OF DEATH	1	CRIBE HOW INJURY OCCU	RRED. (Ent	er nature af injury	in Part I ar Par	rt II of item 18.)				
20c. TIME OF INJURY Havr a. m. p. m.	Manth, Day, Ye	ear 20d. IN While at wark	Nat while		DF INJURY (Hame, fo street, affice bldg.,		y ar tawn)	(1	(County)		(State)
21. I certify that alive an 20 Ji			sed fram Jan 60 , and that de								

21. I certify t alive an 20 DATE SIGNED ADDRESS (Street, city or town, state)

Menchan ACTUAL SIGNATURE 22-July-60

Wallace Obenshain M.D. Cecilton, Wd --22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial Gilpin Manor Memorial Elkton. Mary Land 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

North East Maryland

DATE JUL 25 '60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY C	ecil		MARYLAN	- 13	usual residence (Va. STATE		. If institution: R b. COUNTY	Residence befare	admission)
b. CITY OR TOWN (I RURAL and give no Perry			rs. 9mo.	1Ь	c. CITY OR TOWN (I	f outside carporate li	nits, write RURAL	L and give near	rest tawn)
	TAL (If nat in haspital, given				d. STREET ADDRESS		extited to	e	. IS RESIDENCE
Veterans .	Administrat	ion Ho	spital		229 Myr	tle Avenu	e		YES NO
3. NAME OF DECEASED (Type ar print)	First BEN	JAMIN	Middle H.		WALTERS	4. DATE OF DEATH	Manth July	Day	Year 19 60
5. SEX Male	The second secon	MARRIED WIDOWED	DIVORCED	-	arvland	10/10/1898 9. AG		INDER 1 YEAR	Haurs Min.
10a. USUAL OCCUPATIO	ON (Give kind af wark do king life, even if retired)		of Business or in				1	USA	WHAT COUNTR
13. FATHER'S NAME			1000	1	4. MOTHER'S MAIDEN	NAME			
	James Wa	lters		4.5	Julia Smo	others			
	R IN U. S. ARMED FORC (If yes, give war or dates of ser WW I	vice)	L SECURITY NO.	Kat	mant herine Bat	tes,siste			re, Md. Avenue
Canditians, if a gave rise ta i cause (a), stating lying cause last.	mmediate DUE TO (c)_				the stom				known
CATIO	HER SIGNIFICANT COND						-56-17	IN PART I(a)	PERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE I	HOW INJURY OCCL	URRED. (I	inter nature of injury i	in Part I ar Part II af	item 1B.)		
20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Year 19	While h	OCCURRED 20e		OF INJURY (Hame, fa , street, affice bldg., a		wn)	(County)	(Star
	ocks: (this hospital)								
22a. SIGNATURE	A A A AUTONOMINENDED	AAAAA	AZA ALAGNO The	or deo	n occurred di	LUCIUM The	causes ona o	n the date	22b. DATE
	7.1	Di	w	M.D		MED. ST.	YS.		7-19-60
22c. PHYSICIAN'S NAME (Type)	Fox.	0	1	-+h o	22d. ADDRESS	A Wound to	al Pam	mus Dad	- Ma
23a. BURIAL, CREMITION REMOVAL (Specify)	ON, 23b. DATE THEREOF	EY, C1	NAME OF CEMETER Baltimo	RY OR C		23d. LOCATION		ounty)	(State)
24. FUNERAL DIRECTOR	. /		ADDRESS			C'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	E

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page but deet detached for use as the burial-transit permit. Then please remove carbon pages and 2 should be filled with the Stare Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

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-	931		CERTIFIC	ATE	OF DEA	HT					Ué	31	5
1. PLACE OF DEATH a. COUNTY Cecil			MARYLAN	- 11	usual RESIDENCE a. STATE Marylan	,	ere decease	d lived. If ins b. COU		on: Resider	nce befa	re odmiss	sion)
RURAL and give ne	int	6	yrsomos. 3d	- 11	c. CITY OR TOW		utside carpo	orate limits, wr	ite RL	JRAL ond	give ned	arest town	1)
d. NAME OF HOSPIT	AL (If not in hospitol, g		n Hospital		d. STREET ADDR		orth 1	lve.,					FARM?
3. NAME OF DECEASED (Type or print)	Fire HOW	IARD	Middle	1	VILSON		4. DATE OF DEATH		Mant Ju]		Da 2	,	Yeor 1960
5. SEX Male	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED DIVORCED		7-8-88			9. AGE (In yolost birthd	ears ay) yrs.	Months	Days Days	Hours	Min.
10a. USUAL OCCUPATIO during most of work Handy man 13. FATHER'S NAME	N (Give kind of work or ing life, even if retired)		ND OF BUSINESS OR IN		Maryla 4. Mother's Mai	nd		ountry)			S.A		OUNTRY?
Henry Wil		CES? 16. SC	OCIAL SECURITY NO. [17	7. INFOI	Annie	Was		W. No:	Addi	Ass A Tre			
Yes	If yes, give war or dates of se	No		Glad	lys Dors	ey,		ltimor					
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Arte	riosclerot		ULL - 65						ONS	ERVAL BE	DEATH
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	n mediate)	rioscleros	18,	General	.126	20.						

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Severe Malnutrition And Arteriosclerotic Cerebral Vascular

0			1E3] NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.)		
DICAL	20c. TIME OF INJURY Month, Doy, Ye	ar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	(County)	(Ste

While of work Not while 21. I certify that (I) (this hospital) attended the deceosed from January 26. 154. to July 29. 1960, that it was to be

SKOKOKOKOKO		and that death	accurred at	11:4.5643/6	the causes	and an the a	date stoted abave.
22o. SIGNATURE							22b. DATE
	albert L. morne	A M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		7-30-60

22d. ADDRESS

M.D. 22c. PHYSICIAN'S NAME (Type) ALBERT L. MOONEY. M.D.

VAH, Perry Point, Maryland

30. BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	Time Bal	City, town, or caunty) (Sta	l
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 661W. Lane St	250. REC'D BY REGISTRAR DATE AUG 1 '60	25b. REGISTRAR'S SIGNATURE	
7 11 11 11 11 11 11		07.110		_

TO FUNE page 3 the State VR A15 (4) 15M 9/59

ewan he last the number vo . The straight of Fig. | Englished and straightful and thray . . ava di tale . . . apull All arong the country and a survey of the state of the same bander regen oldersloner part. . 353 westletons0 . atmossions . perchange terent result in the contract and the contract of the contract